Print Form

CONSUMER EQUITABILITY DIVISION
Public Weighmaster Program
2150 Frazer Avenue Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Email: pwmreg@agri.nv.gov Web: agri.nv.gov/PWM

Weighmaster License Application Instructions

The following information is required for approval:

APPLICATION: Form is to be completed by the business owner or person responsible for the Public Weighmaster Program only. (CE-PWM-01-Application.pdf)

- **New or Existing:** Mark the appropriate box indicating if the application is for a new Weighmaster account OR to update an existing Weighmaster account, including the Nevada PWM License number.
- **Business Name:** Weighmaster business name to appear on the license, including if Corporation (Inc.), Limited Liability Company (LLC), or Limited Partnership (LP). Indicate if business name has been updated or has more than one Nevada PWM license with different locations. Please note: EACH location must have their own application.
- **Mailing Address/City/State/Zip:** Enter the street address or P.O. Box number, city, state and zip code to where the license will be mailed.
- **Physical Address/City/State/Zip:** Mark box if business location is the same address as mailing. Otherwise, enter the street address, city, state and zip code to appear on the license.
- **Responsible Party's Name/Contact Phone #/Fax #/Email Address:** Enter the name, phone number, Fax number, and email address of business owner or person responsible for the Public Weighmaster Program.
- **Deputy Public Weighmasters:** CLEARLY PRINT full names of ALL persons who determine weight, measure or count, and/or sign Weigh Tickets for your business.
- **Business Weighmaster Tickets:** Provide a blank copy of the current weigh tickets issued.
- **Signature:** Of person completing application.

REPORT EXISTENCE OF NEVADA BUSINESS LICENSE: Form is to be completed by the business owner or person responsible for the Public Weighmaster Program only. (CE-PWM-02-ReportOfBusinessLicence.pdf)

PUBLIC WEIGHMASTER'S BOND: Surety bond of $1,000.00 may be obtained by the business' insurance company or surety company. You may submit a ***copy of bond provided by insurance company or surety company*** -OR-
you may submit the Public Weighmaster's Bond form with a notary's signature. (CE-PWM-03-BondForm.pdf)

- **Bond #:** Bond number provided by insurance or surety company.
- **Business Name:** Weighmaster Business Name to appear on the license, including if Corporation (Inc.), Limited Liability Company (LLC), or Limited Partnership (LP).
- **Business Address:** Business Corporation address.
- **Bond or Insurance Company:** Company issuing surety bond.
- **State of Bond or Insurance Company:** The state where bond was issued.

CHILD SUPPORT INFORMATION: Form is to be completed by ALL Deputy Public Weighmasters listed on the application. (CE-PWM-04-ChildSupportForm.pdf)

METHOD OF PAYMENT: Form is to be completed by person responsible for payment or Public Weighmaster Program. (CE-PWM-05-PaymentForm.pdf)

Payments MUST include completed application for further processing.

- **Business Name/Invoice #:** Business name and invoice number (if provided by NDA).
- Mark box if payment and application information will be mailed separately.
- Mark the appropriate box indicating type of payment. If credit card, mark type of card and credit card information – Payment amount, name as it appears on card, email address to send receipt, authorized signature, date, credit card number, expiration date, and CVV.