



DIVISION of CONSUMER EQUITABILITY

Public Weighmaster Program

405 South 21st Street 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.



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APPLICATION

Charges: \$100.00 application/renewal

Acceptable methods of payment: Credit/debit card, Check or Money Order

New Application Update Existing PWM License # _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: Same as Mailing

City: _____ State: _____ Zip: _____

Responsible Party's Name: _____ Contact Phone #: _____

Fax #: _____ Email Address: _____

Deputy Public Weighmasters: Clearly print full names of ALL persons currently designated to act as Deputy Public Weighmaster for your business and check appropriate box. (attach additional sheets if necessary).

| Last Name, First | Last Name, First | Last Name, First |
|--|---|---|
| 1. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 9. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 17. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 2. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 10. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 18. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 3. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 11. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 19. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 4. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 12. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 20. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 5. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 13. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 21. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 6. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 14. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 22. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 7. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 15. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 23. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 8. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 16. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 24. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |

Business Weighmaster Tickets: Provide a blank copy of the current weigh tickets issued to customers.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:
 Date Completed: _____ Total Paid: \$ _____ Payment: Check # _____ CC Other
 Processed by: _____



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Report existence of Nevada Business License

Pursuant to NRS 582.047

Business applicant MUST complete this section.

Please select ONE option.

- I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76. My Nevada business license number is: _____
- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- I do NOT have a Nevada business license number.

The **Division of Consumer Equitability** is not the arbiter of determining whether the applicant needs a business license. You may find additional information about the Nevada business license at the Secretary of State's website at: <http://nvsos.gov/>

Business Name

Date

Printed Name of Business Applicant

Signature of Business Applicant



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BOND # _____

PUBLIC WEIGHMASTER'S BOND

Know All Men by These Presents:

That We, _____, having a principal place of business at _____,
Business Name Business Address
(hereinafter called the principal), as principal, and _____, a corporation organized under the laws of
Bond or Insurance Company
_____, and fully authorized to transact business in the State of Nevada (hereinafter called the surety), are held and
State of Bond or Insurance Company
firmly bound to the State of Nevada in favor of any recipient of Public Weighmaster's Certificate issued by the licensee in the sum of One Thousand Dollars (\$1,000)
for the payment of which, well and truly be made, we bind ourselves, our heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such, that whereas the above-named principal has applied to the Department of Agriculture of the State of Nevada for a license entitling said principal to conduct the business of Public Weighmaster in accordance with the provisions of sections 582.010 to 582.180, inclusive, Nevada Revised Statutes.

NOW, THEREFORE, if said principal shall well and truly comply with the provisions of section 582.010 to 582.180, inclusive, of the Nevada revised Statutes, and also any all future amendments thereto, and rules and regulations thereunder, then this obligation is to be void; otherwise to remain in full force and effect. This bond shall be deemed continuous in form shall remain in full force and effect unless and until terminated or canceled in the manner hereinafter provided.

PROVIDED, HOWEVER, and it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the sum of One Thousand Dollars (\$1,000) for the period for which the principal holds a license as a Public Weighmaster in the State of Nevada.

IT IS EXPRESSESLY understood and agreed that liability of the surety hereon to any and all persons shall not exceed in the aggregate the sum of One Thousand Dollars (\$1,000) for each 12-month period commencing for the date of license issuance.

IT IS FURTHER provided that the surety herein shall have the right to withdraw as surety from this bond, except as to any liability already incurred or accrued, and may do so upon giving the said principal and the Department of Agriculture of the State of Nevada thirty (30) days' written notice to that effect, and at the end of said 30-day period of notice the liability of the surety under this bond shall thereupon terminate and be of no more force or effect, except as to any liabilities or indebtedness already incurred or accrued thereunder.

Effective Date Principal Business

Countersigned by: _____
Bond or Insurance Company

Nevada Resident Bond Agent Bond or Insurance Company Address

Date

NOTARY USE ONLY

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____
{Seal} _____
Notary Public Date



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CHILD SUPPORT INFORMATION

Pursuant to NRS 582.032

All PWM applicants MUST complete this section

Failure to complete Child Support information will be subject to denial of certification.

Please select ONE option:

- I am not subject to a court order for the support of a child.

- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Business Name

Date

Printed Name of PWM Applicant

Signature of PWM Applicant

PWM Applicant's Address

City, State and Zip

PWM Applicant's Phone #



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Method of Payment

Payments MUST Include completed application information

Business Name: _____ Invoice # _____

- Check here ONLY if payment and application information will be mailed separately.
Please note: Application and payment will not be processed until both have been received.

Payment Type:

- Check or Money Order # _____

Payment Amount: \$ _____

Payable to:
NEVADA DEPARTMENT OF AGRICULTURE
405 South 21st Street
Sparks, NV 89431

- Credit Card (Check type): Visa Mastercard AMEX Discover

Payment Amount: \$ _____

Name as it appears on Card: _____

Email: _____

Authorized Signature: _____ Date: _____

Credit Card #: _____

Expiration Date: ____ / ____

Card Verification Value (CVV2): _____

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments.*

Billing Code: 4551-3616

WM-PWM-05