



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

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: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC <input type="checkbox"/> Other Processed by: _____



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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