Nevada Department of Agriculture

NEVADA DEPARTMENT OF AGRICULTURE
DIVISION OF CONSUMER EQUITABILITY
REGISTRATION DEPUTY PUBLIC WEIGHMASTER

OFFICE USE ONLY

PWM # _____
Date Received: _____
 # Weighmasters: _____
___ wm-pwm-01 ___wm-pwm-02
___ wm-pwm-03 ___wm-pwm-04
Scale Inspection Date: _____
Date Completed: _____
Total Paid: $ _____
Payment Type: _____
Processed By: _____

Business Name: _____ Federal Tax ID # _____
Address, City, State, Zip: _____
Contact Person: _____ NV PWM # _____
Phone #:_____ Fax #:_____
Email Address: _____

List below the names and addresses if all persons currently designated to act as Deputy Public Weighmaster for your firm (PLEASE PRINT)

NAME	HOME ADDRESS	PHONE #

SIGNATURE: _____ DATE: _____

Charges for application - $100.00 - Acceptable methods of payment:Check, Money Order or Credit Card Form