

**NEVADA DEPARTMENT OF AGRICULTURE
DIVISION OF MEASUREMENT STANDARDS
BUREAU OF WEIGHTS AND MEASURES**

**NORTHERN OFFICE
2150 FRAZER AVENUE
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**SOUTHERN OFFICE
2300 MCLEOD
LAS VEGAS, NV 89104
PHONE: (702) 668-4546
FAX: (702) 668-4567**

REGISTRATION FORM – DEPUTY PUBLIC WEIGHMASTERS

YEAR _____

DATE _____

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

NAME	HOME ADDRESS	HOME PHONE NUMBER

PLEASE MAIL TO ABOVE ADDRESS

Notify this office immediately of any changes, additions and or deletions.

By: _____

Title

Business Name

Mailing Address

Street Address

City State ZIP

Phone

Federal Tax ID Number

CHILD SUPPORT INFORMATION

PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION).

_____ 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; OR

_____ 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.

APPLICANT'S SOCIAL SECURITY NUMBER: _____

SIGNATURE OF APPLICANT

DATE