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STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
405 South 21st St.
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
agri.nv.gov

November 15, 2020

NOTICE OF 2021 PUBLIC WEIGHMASTER ANNUAL LICENSE RENEWAL

This notice is to inform you of your annual Public Weighmaster (NRS 582) license fee of \$100.00 for each location due on or before December 31, 2020. Enclosed is the invoice for these fees based on our current records. If there are deputy weighmasters that need to be added or removed, please notate the appropriate changes on the Public Weighmaster Application and issue payment accordingly.

Please use the provided return envelope and submit your remittance by mail, along with the 2021 renewal forms completed in the following order to prevent any delays in renewal of your license. Please note that we have recently updated our forms; do not submit copies of old forms from prior submissions. **Any application submitted without completion of ALL items listed below will be returned unprocessed.**

- Public Weighmaster Application
- Report existence of Nevada Business License
- Child Support Information for **any new** Deputy Public Weighmaster signee. Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each agent must include the social security number of the applicant. The Department of Agriculture cannot waive this requirement and applications for new Deputy Public Weighmaster signees that do not include this information will be rejected.
- Copy of current weight ticket form issued in the field
- Payment form with payment

Any application submitted without completion of ALL the above criteria will be returned unprocessed. Your current license will **EXPIRE** on December 31, 2020. Failure to renew your license before then will render your agency as unlicensed as of January 1, 2021.

Annual Registration Renewals MUST be remitted in paper form via mail. Electronic submissions will not be accepted at this time.

Should you have questions regarding your Public Weighmaster annual license renewal, please contact Brett Fisher at (775) 353-3783.



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

Public Weighmaster License Application Instructions

The following information is required for approval. **Incomplete applications will be returned unprocessed. Failure to submit a completed application by December 31, 2020 will result in non-renewal of your current license.**

APPLICATION: Form, including payment, is to be completed by the business owner or person responsible for the Public Weighmaster (PWM) Program only.

(CE-PWM-01-Application.pdf)

- New or Existing:** Mark the appropriate box indicating if the application is for a new PWM account OR to update an existing PWM account, including the Nevada PWM License number.
- Business Name:** PWM 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 PWM Program.
- Deputy Public Weighmasters:** CLEARLY PRINT full names (LAST NAME, FIRST NAME) of ALL persons who determine weight, measure or count, and/or sign weigh tickets for your business. To update information, list all names and check the appropriate box of existing, adding or removing.
- Business Weighmaster Tickets:** Provide a blank copy of the current weigh tickets issued. Check box and initials.
- Signature/Date:** Person completing application and date of completion.

REPORT EXISTENCE OF NEVADA BUSINESS LICENSE:

- Form is to be completed by the business owner or person responsible for the PWM only. *(CE-PWM-02-ReportOfBusinessLicence.pdf)*

CHILD SUPPORT INFORMATION:

- Form is to be completed by ALL Deputy Public Weighmasters listed on the application. Federal regulations and Nevada Revised Statutes require that the application for a license as a public weighmaster or deputy public weighmaster must include the social security number of the applicant. NDA cannot waive this requirement. *(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)*
Payment MUST be accompanied by completed application for processing and may only be submitted by mail. Do NOT e-mail or fax the authorization form as these are not secure forms of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.



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APPLICATION

Fees: \$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"/>	2. _____ 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"/>
4. _____ 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"/>	6. _____ 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"/>	8. _____ 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"/>
10. _____ 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"/>	12. _____ 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"/>	14. _____ 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"/>
16. _____ 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"/>	18. _____ 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"/>	20. _____ 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"/>
22. _____ 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"/>	24. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

Business Weighmaster Tickets:

I have provided a blank copy of the current weigh ticket issued to customers. _____ Initials

SIGNATURE: _____ DATE: _____

NDA 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. My Nevada business license number is: _____
- I have applied for a Nevada business license with the Nevada Secretary of State and my application is pending.
- I do NOT have a Nevada business license number.

The Division of Consumer Equitability is not the arbiter of whether an applicant is required to obtain a State of Nevada business license. You may find additional information about Nevada's business licensing requirements 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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CHILD SUPPORT INFORMATION

Pursuant to NRS 582.032

All **new PWM applicants** MUST complete this section

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

PWM License #

Printed Name of PWM Applicant

Signature of PWM Applicant

PWM Applicant's Address

City, State and Zip

PWM Applicant's Phone #

Social Security Number*

Date

* Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each new agent must include the Social Security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected. Documents containing Social Security numbers **must** be mailed. Electronic files will not be accepted.



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Method of Payment

Do NOT e-mail or fax this authorization form as it these are not secure methods of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.

Business Name: _____

PWM License # _____ Invoice # _____

Check here ONLY if payment and application information will be mailed separately.
Mailing payment and application documents separately may cause a delay in processing your registration. Application is not reviewed 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 (Month/Year: ____ / ____)

Card Verification Value (CVV2): _____

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments and will be securely destroyed upon completion of payment processing.*

Billing Code: 4551-3616