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STATE OF NEVADA  
**DEPARTMENT OF AGRICULTURE**

405 South 21<sup>st</sup> St.  
Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
[agri.nv.gov](http://agri.nv.gov)

November 15, 2023

**IMPORTANT**

Greetings,

Please read the updated **Public Weighmaster License Application Instructions** document in the paper packet carefully.

Changes have been made to help streamline the process for existing license holders.

The Division has adopted a simplified “on file” system, which means if we have the paperwork already on file, then it ***does not*** need to be submitted again for **existing agents**.

If there are ***no*** changes to business license status, weigh ticket, or to your agent roster, ***no additional*** paperwork is required to be submitted as we already have it “on file”.

**What is still required**

A completed application page and method of payment are still required.

For **each new** agent, a completed Child Support Information form must be submitted.

Please note that we **do not** accept electronic submissions containing Social Security numbers or other personally identifiable information. Please send hard copy submissions through the mail, UPS or FedEx to:

Nevada Department of Agriculture  
Division of Measurement Standards  
Attn: PWM Program  
405 S. 21<sup>st</sup> Street  
Sparks, NV 89431

If you have questions about the application or license renewal process, please contact the Nevada Division of Measurement Standards at 775-353-3782 option 5 or email [pwmreg@agri.nv.gov](mailto:pwmreg@agri.nv.gov)

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November 15, 2023

**NOTICE OF 2024 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, 2023. 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 2024 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, 2023. Failure to renew your license before then will render your agency as unlicensed as of January 1, 2024 and a **10% late fee will be assessed.**

***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 call (775) 353-3782 option 5.



**DIVISION OF MEASUREMENT STANDARDS**

**Public Weighmaster Program**

405 South 21<sup>st</sup> Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: [pwmreg@agri.nv.gov](mailto:pwmreg@agri.nv.gov) Web: [agri.nv.gov/PWM](http://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, 2023 will result in non-renewal of your current license and a 10% late fee.**

**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)*

**NOTE:** A surety bond is no longer required to hold a Public Weighmaster license in Nevada. The 2021 Nevada Legislative Commission approved rescinding the surety bond requirement detailed in Nevada Administrative Code (NAC) 582.020. The approval to rescind was certified by the Nevada Secretary of State's office in March 2021. Please **DO NOT** send proof of surety bond with your Public Weighmaster application.

In addition, please **DO NOT email or fax** the completed license application. Application materials **MUST** be mailed to the address located at the top of this form.

**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)*

**PLEASE DO NOT EMAIL OR FAX THESE FORMS. THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION.**

**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 email 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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**Public Weighmaster Program**  
 405 South 21<sup>st</sup> Street Sparks, NV 89431  
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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: \_\_\_\_\_



**DIVISION OF MEASUREMENT STANDARDS**  
405 South 21<sup>st</sup> Street Sparks, NV 89431  
Phone: (775) 353-3782 Fax: (775) 353-3798  
Web: [agri.nv.gov/PWM](http://agri.nv.gov/PWM)

### **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.



Nevada Department  
of Agriculture

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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 21<sup>st</sup> 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