



**DIVISION of CONSUMER EQUITABILITY**  
**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)

**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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### **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.

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Business Name

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PWM License #

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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 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