



INITIAL WEIGHMASTER APPLICATION

Present Employer:

Contact Person: \_\_\_\_\_ Co. Telephone #: \_\_\_\_\_ - \_\_\_\_\_

Fax #: \_\_\_\_\_ - \_\_\_\_\_ Toll Free #: \_\_\_\_\_ - \_\_\_\_\_

Co. E-Mail Address if Available: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ (9 Digit) Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address If Different From Above: \_\_\_\_\_

Most recent past employer for whom you have worked and held a valid weighmaster license:

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ (9 Digit) Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Type of weighing equipment used:

Manufacture: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Capacity: \_\_\_\_\_ Type of Indicator: \_\_\_\_\_ Length of Deck: \_\_\_\_\_

Date last certified: \_\_\_\_\_ Company certifying scale: \_\_\_\_\_

Pursuant to Agr 1403.03(b)(15) -- Please read, sign and date:

- 1. AI certify that I have in my possession a current copy of the weighmaster rules, pursuant to Agr 1403.03(d), and that I shall operate in accordance with these rules.@
2. AI certify that there are no willful misrepresentations or falsifications in the information provided within.@
3. AI understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.@
4. AIf, after issuance of my weighmaster license, should an investigation disclose any misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.@

Signature of Applicant

Date