

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:

Manufacturer: _____ 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. "I 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. "I certify that there are no willful misrepresentations or falsifications in the information provided within."
3. "I understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected."
4. "If, 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