

<p>Present Employer:</p> <p>Company Contact Person: _____ Telephone #: (_____) _____</p> <p>Fax #: (_____) _____ Toll Free # (_____) _____</p> <p>E-mail Address if Available: _____</p> <p>Company Name: _____</p> <p>Street: _____ City: _____</p> <p>State: _____ (9 digit) Zip Code: _____ - _____ County: _____</p> <p>Mailing Address If Different From Above: _____</p> <hr/> <p>Most recent past employer for whom you have worked and held a weighmaster license:</p> <p>Company Name: _____</p> <p>Street: _____ City: _____</p> <p>State: _____ (9 digit) Zip Code: _____ - _____</p>	<p>Type of Weighing Equipment Used</p> <p>Manufacture: _____</p> <p>Model #: _____</p> <p>Serial #: _____</p> <p>Capacity: _____</p> <p>Type of Indicator: _____</p> <p>Length of Deck: _____</p> <p>Date Last Certified: _____</p> <p>Company Certifying Scale: _____</p> <hr/> <p>LOCATION OF SCALE:</p> <p>STREET ADDRESS: _____</p> <p>TOWN/CITY: _____</p> <p>COUNTY: _____</p>
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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. Alf, 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