



State of New Hampshire
Department of Agriculture, Markets & Food
Division of Weights and Measures
 State House Annex Building

New Hampshire
 Department of Agriculture,
 Markets & Food

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 www.agriculture.nh.gov

APPLICATION FOR PUBLIC WEIGHMASTER EXAM AND LICENSE

Pursuant to RSA 438; Agr 1402 and Agr 1403

INSTRUCTIONS

- ⇒ Complete a typed application that is accurate. Applications will not be processed until all requirements are met.
- ⇒ Send the completed application via email or to the mailing address listed above.
- ⇒ Upon receipt of the completed application, the Division will notify the applicant and/or employer via email of the total amount due for exam and license fees, which depends on scheduled exam date.
- ⇒ Send a non-refundable check or money order to the above mailing address with the correct payment amount made payable to "Treasurer, State of NH".
- ⇒ Upon receipt of the payment, the Division will notify the applicant and/or employer via email of the reserved examination date and applicable exam information.
- ⇒ If you need additional information on the weighmaster examination and licensing process, see *For Weighmasters* on the NH Division of Weights and Measures website at www.agriculture.nh.gov.

APPLICANT INFORMATION

Name:
Last (full) First (full) Middle (full)

Mailing Address:
Street City State Zip

Personal Phone #: Personal Email:

Are you within 30 days of 18 years of age or older? Yes No Date of Birth:
MM/DD/YYYY

Drivers License #: State Issued: Expiration Date:

Have you been licensed as a NH weighmaster in the past? Yes No

If you answered yes to the previous question, provide the name you used on your license:
First Choice Second Choice Third Choice

Indicate your preferred exam dates (reference website for exam listings):

EMPLOYER INFORMATION

Company Name: DBA Name:
(If Applicable)

Mailing Address:
Street City State Zip

Contact Person: Phone #:

Fax #: Email:

SCALE INFORMATION

	1	2	3
Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capacity:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Length of Deck:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Indicator:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Last Certified:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Certifying:	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT SHALL READ, SIGN, AND DATE:

1) I certify that I have in my possession a current copy of the public weighmaster rules and that I shall operate in accordance with these rules. 2) I certify that there are no willful misrepresentations, falsifications, or material omissions in the information provided on this application. 3) I understand that, if an investigation discloses any willful misrepresentations, falsifications, or material omissions, my application will be rejected. 4) I understand that, if an investigation after issuance of my public weighmaster license should disclose any willful misrepresentations, falsifications, or material omissions, the license will be invalid and I will be subject to an administrative fine under RSA 438:40, IV and possible prosecution under RSA 641:2.

Applicant Signature: Date:

FOR DIVISION USE ONLY

DATE RECEIVED:	CHECK #:	EXAM FEE:
DATE RECEIVED:	CHECK #:	LIC. FEE:
EXAM DATE:	EXAM SCORE:	LIC. #: