

**NEW MEXICO DEPARTMENT OF AGRICULTURE  
DIVISION OF STANDARDS AND CONSUMER SERVICES  
MSC 3170, BOX 30005  
LAS CRUCES, NEW MEXICO 88003-8005  
TELEPHONE (575) 646-1616, FAX (575) 646-2361**

**APPLICATION FOR WEIGHMASTER LICENSE**

Name of Weighmaster: \_\_\_\_\_

Social Security No. (Required) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code + Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby apply for a license as Weighmaster. I certify that I am a citizen of the United States, that I am eligible to make application under Section 4 of the Weighmaster Act (57-18-1 through 26 NMSA 1978 Compilation, as amended by Chapter 80, Laws of 1979), that I have read and understand the "Weighmaster Act" and all regulations relative to that act issued to date by the Board of Regents of New Mexico State University and that I will abide by the regulations which have been or may be promulgated by the Board under the Weighmaster Act. All deputies designated by me will be responsible to me for their performance as weighmasters. I understand that any false statement on this application, or the issuance by me or any of my deputies of any false weight certificate is cause for revocation of my Weighmaster license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_

**(COMPLETE REVERSE SIDE OF APPLICATION)**

(List below the name of each individual who is to serve as your deputy, and their location. Applications will be sent to any Deputy Weighmaster who does not now hold a Deputy Weighmaster license. Please have the Deputy Weighmaster Application completed by the Deputy and returned along with your application).

Name

Location (city or town)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IMPORTANT** - Attach a copy of your current weight certificate if this is a new application or if the weight certificate has changed since the renewal of your last registration.

**NOTE:** If you wish to use the alternative bonds, please request the appropriate form.