

IDAHO STATE DEPARTMENT OF AGRICULTURE

**BUREAU OF WEIGHTS & MEASURES
P.O. BOX 790
BOISE, ID 83701
208 332-8690**



**ORIGINAL APPLICATION
FOR WEIGHMASTER LICENSE_____**

**RENEWAL APPLICATION
FOR WEIGHMASTER LICENSE_____**

NAME (Please print or type) ADDRESS

COMPANY NAME MAILING ADDRESS PHONE NUMBER

PHYSICAL LOCATION OF SCALE

PLEASE STATE YOUR PREVIOUS EXPERIENCE WEIGHMASTER:_____

HAVE YOU ENCLOSED YOUR \$10.00 LICENSE FEE?_____

SIGNATURE OF APPLICANT

PLEASE HAVE TWO WITNESSES SIGN THIS FORM

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS KNOWN PERSONALLY BY ME AND THAT HE/SHE IS A PERSON OF GOOD MORAL CHARACTER.

1. _____

2. _____

SIGNATURE AND ADDRESS OF WITNESS

SIGNATURE AND ADDRESS OF WITNESS

**FAILURE TO ANSWER ALL QUESTIONS IN FULL WILL SLOW DOWN THE PROCESSING TIME OF THIS APPLICATION. THANK YOU FOR YOUR COOPERATION.
THIS FORM MAY BE DUPLICATED. 5/23/06**