



New Mexico Department of Agriculture
 Division of Standards and Consumer Services
 MSC 3170
 New Mexico State University
 P.O. Box 30005
 Las Cruces, NM 88003-8005
 575-646-1616, fax: 575-646-2361

LOCATION OF SCALES

(This form is to be filled out for each location)

Weighmaster: _____
 (Please Print Name)

Exact location of scales on which you weigh:

Name of Business: _____

Location of Business: _____

Mailing Address of Business: _____
 _____ **Telephone Number:** _____

List all scales at this location which will be used to issue weight certificates in accordance with the New Mexico Weighmaster Act.

<u>Type of Scale</u> (Vehicle, Platform, Hopper, etc.)	<u>Make</u>	<u>Serial Number</u>	<u>Capacity</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

(If any deputies are to be appointed, be sure to identify on their application the scales they will be using)

If scales at other locations will also be used, check here _____ and complete a "Location of Scales" form for each location.

 Weighmaster Signature Date

OFFICE USE ONLY

Location Sheet _____ of _____ License Number _____