

**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 DEPUTY WEIGHMASTER LICENSE

Name: _____

Social Security No. (Required) _____

Address: _____

City or Town: _____ Zip Code: _____

Area Code + Telephone No: _____

I hereby apply for a license as a Deputy Weighmaster to act as Weighmaster under the license and bond of _____, a licensed Weighmaster. I certify that I am a citizen of the United States, that I am eligible to make application under Section 11, 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. I understand that issuance of any false weight certificate is cause for revocation of my Deputy Weighmaster license. This Deputy Weighmaster license is for use with scales located at:

(Name Location): _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires the _____ day of _____, A.D. 20_____