

North Carolina Department of Agriculture & Consumer Services
Standards Division

1050 Mail Service Center
Raleigh, North Carolina 27699-1050
(919) 707-3225

APPLICATION FOR **NEW** PUBLIC WEIGHMASTER LICENSE

If you already hold a Public Weighmaster license and need to renew, please call 919-707-3225 to obtain the appropriate form

*** Required Fields**

*Name (*Please Print*) _____ *County _____

*Business Name _____

*Business Mailing Address _____

*City, State, and Zip Code _____

Physical Address (*if different than above*) _____

City, State, and Zip Code _____

*Phone Number _____ Business Fax Number _____

Type of Business _____ Business Email _____

*** Business Federal Tax ID Number** _____ ****Application will be returned if this section is not filled out.**

If there is someone other than yourself (*preferably a manager, office clerk, owner, etc.*) we can contact in case there is a problem with your license, please list their name and number if different from above.

Contact Person _____ Phone Number _____

Upon receipt of a properly completed public weighmaster application and a *check or money order payable to the North Carolina Department of Agriculture & Consumer Services in the amount of \$25.00*, you will be issued a weighmaster seal which should be stamped on every weight certificate you issue (tobacco weighmasters are permitted to use their signature instead of the seal).

ALL PUBLIC WEIGHMASTER LICENSES EXPIRE ON JUNE 30 OF EACH YEAR

General statutes 81A-55 and 81A-61 state:

"Any public weighmaster who refuses to issue a certificate as prescribed by this Article, or who issues a certificate giving false weight, or who misrepresents the weight to any person, or who otherwise violates any provisions of the Article or the rules and regulations pursuant to this Article, may have his license revoked, suspended or terminated by the Commissioner."

"When making a weight determination, a public weighmaster shall use a weighing device that is of a type suitable for the weighing of the product to be weighed and that has been tested and approved for use by the Commissioner within a period of 12 months immediately preceding the date of the weighing."

*Signature of Applicant _____ Date _____

IF FORM IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU TO BE COMPLETED.

DO NOT WRITE BELOW THIS LINE.

License Number _____