

TENNESSEE DEPARTMENT OF AGRICULTURE

Consumer and Industry Services | Phone: 615-837-5109 PO Box 40627 – Nashville, TN 37204

New Application for Public Weighmaster License

Weighmaster's Name (please p	rint):		
Business Name:			
Attention to (if any):			
Mailing Address:			
City:	State:	Zip:	
Business Phone #:	Email Addre	ess:	
Weighmaster license renewa	ls for the next fiscal year are se	ent out in June of each year t	to the address above
Commodities Weighed:			
I have read and thoroughly unde	erstand Tennessee Code Anno herewith I hereby make the fo	•	nd in conformity
establishment where I am emplo	accurately weigh all commodi byed, which I weigh, and I unde the revocation of my license in	erstand that a conviction for	incorrect weighing may
By submitting this license renew contained in this application is true and that I am a citizen of the		owledge. I certify that I am a	at least 18 years of age;
Signature:		Date:	
A FEE OF	COMPANY	THIS ADDITION	

A FEE OF \$25 MUST ACCOMPANY THIS APPLICATION

Please make check payable to Tennessee Department of Agriculture Mail to: TN Department of Agriculture, Weights and Measures, PO Box 40627, Nashville, TN 37204

AG-0728 RDA 10172