

State of Delaware
Department of Agriculture, Weights and Measures
2320 South Dupont Highway
Dover, DE 19901 (302) 698-4602 or (800) 282-8685 (DE only)

Application is hereby made for a Weighmaster License under Title 6, Chapter 51, Delaware Code as amended 1987.

Applicant Name and Telephone Number

:

Applicant Address, City, St, Zip:

Firm Name and Telephone Number:

Firm Address, city, St, Zip:

Years of Weighmaster Experience:

Years with this firm: _____

As evidence of good moral character secure the endorsement of three persons to the following certification.
The undersigned is acquainted with the applicant and hereby certified that I know him/her to be of good moral character.

Signature

Name

Address

I have read the conditions under which a Weighmaster License is issued and agree to comply with all the requirements contained therein.

Signature of Applicant

License Fee - \$25.00 for three calendar years
NOTE: Application must be accompanied with payment

	NEW!!	CREDIT CARD PAYMENT	
Check/Money Order	_____ Visa	_____ MasterCard	_____ Discover
Please Make Check or Money Order Payable to:	Billing Name: _____	_____	
	Billing Address: _____	_____	
	Telephone Number: _____	_____	
	City/St/Zip: _____	_____	
	Credit Card Number: _____	_____	
	3-Digit Code _____	_____	
	Authorization: _____	_____	
	Expiration Date: _____	_____	

Delaware Department of
Agriculture
Weights and Measures

