

FOR OFFICE USE New Renew

License No. _____

Check No. _____

R No D No

New York State
 Department of Agriculture and Markets
 Bureau of Weights and Measures
 10B Airline Drive
 Albany, NY 12235
 518-457-3146



Make checks payable to:
 Commissioner of Agriculture and Markets

**APPLICATION FOR A
 WEIGHMASTER LICENSE
 (New or Renewal Application)
 Fee - \$15.00**

Instructions provided on next page. Please print clearly. Incomplete applications will be returned.

Applicant Name (last, first)	Social Security No.* _____ - ____ - _____
Are you adding a new location? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you renewing? <input type="checkbox"/> YES <input type="checkbox"/> NO Previous license No. if applicable:
Employer name and physical address (New York 911 address).	Federal Employer ID No.* _____ - ____ - _____
	Work phone (where we can best reach you): ()
	Email address (optional)
Do you or your employer, own or have access to a certified stationary scale located in the State of New York suitable for determining weights used in commercial transactions? <input type="checkbox"/> YES <input type="checkbox"/> NO	Scale owner and physical address where primary scale is located.
State briefly your training/experience to perform Weighmaster duties (Not Required for License Renewals).	
Note: Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that this applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving fraud, filing a false instrument or similar.	
I understand that any false statement made in this document is punishable pursuant to Penal Law Section 210.45.	Applicant Signature
	Date

AUTHORIZATION AND PURPOSE

*Disclosure of your social security and Federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability, and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance, and for any other purpose authorized by the Tax Law.

The authority to solicit the information requested on this application is found in Article 16 Section 195 of the Agriculture and Markets Law. This information is collected to enable the Department to evaluate your application to determine if the license should be issued and to assist in enforcement and administration of the Agriculture and Markets Law.

Instructions for Completing the Application
(This page does not need to be submitted with the application)

General: Section 192-f of Agriculture and Markets Law Article 16 requires a weight ticket issued by a licensed Weighmaster for the bulk sale or transportation of:

1. coal,
2. coke,
3. feed for domestic animals,
4. fertilizer,
5. lime and,
6. household goods (e.g. moving companies)

Visit website: www.agriculture.ny.gov/WM/LawArticle16.pdf for more information.

- **Name of Applicant and Social Security Number:** Print your full legal name and Social Security number. If there are changes from your previous license, make changes on this form. If you are not due for a license renewal (e.g. you get married) you may contact us for a new license. If you are renewing your license, only the last four digits of your social security number is required.
- **Have you ever had a NY Weighmaster License?** Answer “YES” if you have ever been issued a Weighmaster license in New York State under this or any other name. If yes, include license number in the box. Otherwise answer “NO”.
- **Employer name and address; Employer Federal ID:** Please enter the full legal or corporate name of your employer in New York. Address must be the physical location at which you work in New York, where we can come to observe you performing your duties and inspect the weight tickets you have issued. Do not enter P.O. Box addresses here. Also, provide the 9 digit Federal ID No. of your employer.
- **Work Phone:** Phone number where we can direct questions to you regarding your application and payment.
- **Email Address:** This is optional and will allow us to contact you quickly with questions or provide you information.
- **Do you or your employer own or have access to a certified stationary scale located in the State of New York suitable for determining weights used in commercial transactions?** You must have access to a suitable scale, tested by Weights and Measures to be issued a Weighmaster license. If you are uncertain of the status of the scale you use you should contact the owner/operator of the scale or contact your local Weights and Measures Bureau.
- **Scale owner and address:** Write the name of the business that owns the scale and the physical address at the scale location where you perform your weighing. We need this information to verify the status of the scale and/or to conduct scale inspections. Do not enter P.O. Box addresses here. If address is the same as your work location, enter “SAME”.
- **State briefly you’re training/experience to perform weighmaster duties:** You must be able to use the scale properly and prepare proper weight tickets conforming to the statute. Describe what training or experience you have. For example, “3 months weighing net and gross of trucks coming in and out of yard” or “2 weeks training by other Weighmaster on how to prepare weight tickets”. Weighmasters renewing their expiring licenses may leave this area blank.
- **Signature and Date:** Sign name as you would sign weight tickets.

Your application package must include a check or money order for \$15 per license payable to the “Commissioner of Agriculture and Markets”.

For Additional Assistance Completing this Application
Please Call: 518-457-3146 or visit: www.agriculture.ny.gov/WM/WMHome.html