

FOR OFFICE USE <input type="checkbox"/> New <input type="checkbox"/> 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  
 518-457-3452

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.**

Name of applicant		Social Security No.* _____ - ____ - ____	
Have you ever had a NY weighmaster license? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current or previous license No	
Employer name and physical address (New York 911 address)		Federal ID No.* (employer)    _____ - _____	
		Work phone (where we can 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 scale is located	
Alternate mailing address (optional)		State briefly your training/experience to act as a weighmaster (Not Required for License Renewals)	
Have you been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory?  <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please provide crime, date of conviction, court	
I understand that any false statement made in this document is punishable pursuant to Penal Law Section 245.10.	Signature (original in ink)		Date

**AUTHORIZATION AND PURPOSE**

\*Disclosure of your federal social security and 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 coal, coke, feed for domestic animals, fertilizer, lime and household goods. Visit website: [www.agmkt.state.ny.us/WM/LawArticle16.pdf](http://www.agmkt.state.ny.us/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 an updated version of your license.
- **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 to the right. Otherwise answer “NO”
- **Employer name and address, and 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 and where we can come to observe you performing your duties and inspect the weight tickets you have issued. Also provide the 9 digit federal ID#.
- **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 information to you.
- **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, in order 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 PO Box addresses here. If address is the same as your work location, enter “SAME”.
- **State briefly you’re training/experience to act as a weighmaster:** You must be able to use the scale properly and prepare proper weight tickets conforming to the statute. Describe that training or experience. 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.
- **Alternate mailing address:** This is optional and should be used where you want your license and future renewal notices to be mailed to a corporate headquarters or a PO Box that is different from your physical work address.
- **Have you been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory?** A yes answer does not necessarily disqualify you from receiving a license. Provide factual information and the Department will review your application. You will be entitled to a hearing before your application is denied. **If you answer Yes:** Provide the nature of the crime, date of conviction and court the case was tried in, e.g. DUIA, 9/15/02, Steuben County Court.
- **Signature and Date:** Sign name in full in ink as you would a legal document and as you will sign weight tickets. Only original ink signatures will be accepted.

**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 in Completing this Application**  
Please Call: 518-457-3452 or send an e-mail to: [weighlab@agmkt.state.ny.us](mailto:weighlab@agmkt.state.ny.us)