

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 Correct Mailing** 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**

<p>Check/Money Order</p> <p>Please Make Check or Money Order Payable to:</p> <p>Delaware Department of Agriculture Weights and Measures</p>	<p style="text-align: center;"><b>NEW!!</b>      CREDIT CARD PAYMENT</p> <p>_____ Visa      _____ MasterCard      _____ Discover</p> <p>Billing Name: _____</p> <p>Billing Address: _____</p> <p>Telephone Number: _____</p> <p>City/St/Zip: _____</p> <p>Credit Card Number: _____</p> <p>3-Digit Code _____</p> <p>Authorization: _____</p> <p>Expiration Date: _____</p>
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