



TENNESSEE DEPARTMENT OF AGRICULTURE

Consumer and Industry Services | Phone: 615-837-5109

PO Box 40627 - Nashville, TN 37204

CERTIFIED PUBLIC WEIGHER LICENSE APPLICATION

Name (Please print)

Company

Phone number

Address

City

State

Zip code

Email: _____

Commodities weighed: _____

Are you a U.S. citizen: Yes ___ No ___

Are you at least eighteen (18) years of age: Yes ___ No ___

New Application : _____ Renewal: _____ Current License # _____

I do solemnly swear (or affirm) that I will accurately weigh all commodities purchased or offered for sale at the establishment where I am employed, which I weigh, and I understand that a conviction for incorrect weighing may necessitate the revocation of my license in addition to all other penalties.

Signature: _____

Scale Operator

Date

Signature: _____

Witness

Date

Give at least three character references, not related to you:

Name

Address

Zip code

Name

Address

Zip code

Name

Address

Zip code

A FEE OF \$25.00 MUST ACCOMPANY THIS APPLICATION

Please make check payable to Tennessee Department of Agriculture

Mail to: TN Department of Agriculture, PO Box 40627, Nashville, TN 37204