



**STATE OF MISSISSIPPI
DEPARTMENT OF AGRICULTURE AND COMMERCE**

ANDY GIPSON
COMMISSIONER

Application for Bonded Weighmaster's License for a Individual

Section §75-27, states in part that "Any person, engaged in the business of public weighing who shall weigh or measure any property, commodity, produce or article and issue therefor a weight certificate which shall be accepted as the true and accurate weight or measure upon which the property, commodity, produce or article is offered for sale or sold and shall be licensed by the Commissioner of Agriculture and Commerce of the State of Mississippi for such office. The law further states that "before engaging in business as a public weighmaster shall obtain a license from the commissioner".

A security company is not considered the business owner; therefore, space is provided at the bottom of the application for the security company information; and should be noted only if the company is hired by the business to perform the duties of a weighmaster. The business license covers all qualified employees of that business and a business with more than one location must obtain a license and a surety bond, for each physical location.

The fee for such license is twenty five dollars (\$25.00) annually and all Weighmaster's licenses expire on June 30th of each year.

Please complete the enclosed application in its entirety and return it along with the required fee of \$25.00, made payable to the Mississippi Department of Agriculture and Commerce, Weights and Measures Division, P. O. Box 1609, Jackson, MS 39215-1609. Incomplete applications will not be processed until all required documents have been received.

Completed application must be accompanied by:

- Fee of \$25.00 (Individual License)
- Weighmaster Application
- Weighmaster's Oath
- Blanket Weighmaster's Bond with surety in the penal sum of five thousand dollars (\$5,000.00)
- Continuation Certificate duly signed and sealed by surety that the bond continues in force and effect

Upon receipt of the completed application and fee a license will be processed and mailed. If you have any questions, please contact our office at 601-359-1149 or email wm@mdac.ms.gov.

Sincerely,

Brent Bowman, Director
Weights and Measures Division

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MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

ANDY GIPSON, COMMISSIONER

Weights and Measures Division

P. O. BOX 1609

Jackson, MS 39215-1609

Phone: 601-359-1149 Fax: 601-359-1175 Email: wm@mdac.ms.gov

License No. _____

Application for Bonded Weighmaster's License for an Individual

The undersigned hereby applies for a license to engage in business as a Bonded Weighmaster, as defined by Section 75-27-303(3) Mississippi Code of 1972, as amended, such license being required by Section 75-27-307(1) for any individual who engages in business as a public weighmaster or by Section 75-27-307 (a-d) for individuals not required but permitted to hold such license for the performance of the duties of a Bonded Weighmaster.

Full Name of Individual (PLEASE PRINT)			
Mailing Address (license will be mailed to)			
City	State	Zip Code	County
Telephone Number		Date Employed	
Company Represented			
Company Physical Address (No P. O. Boxes)			
City	State	Zip Code	
Telephone Number		Fax Number	

Is Applicant a resident of the State of Mississippi? Yes No If no, Where? _____

Is Applicant a citizen of the United States? Yes No If not, has applicant declared intention to become a citizen of the United States? Yes No

Does Applicant understand correct weight procedures and how to complete weight certificates? Yes No
What is the primary property, commodity, produce or article to be weighed or measured by business or individual?

Has Individual ever held a license or authorization to perform similar duties to those for which this application is made? Yes No

State business or trade names used, if any _____ where filed _____

Principal office if State of Mississippi _____

Is Individual a subsidiary of or affiliated in any way with any other corporation Yes No If yes, state details _____

Domestic _____ Foreign _____

The undersigned applicant hereby certifies and affirms that (1) all statements, oaths, information and schedules attached hereto are hereby made a part of this application and that all statements, oaths, information and schedules contained herein are true and correct; (2) applicant has executed an official weighmasters oath; (3) all employees retained to perform public weighing must be a citizen of the United States or a person who has declared his intention of becoming such a citizen, who is a resident of the State of Mississippi, not less than twenty-one (21) years of age, of good moral character, who has the ability to weigh accurately and to make correct weight certificates; (4) a bond in the penal sum of five thousand dollars (\$5,000) payable to the State of Mississippi with sureties to be approved by the Secretary of State of the State of Mississippi for the faithful performance of the duties of a public weighmaster is supplied with this application; (5) an impression seal or electronic impression of the weighers name and license number as required by Section 75-27-311 of the code will be used by each public weigher employed by applicant; and (6) compliance with all requirements of the Bonded Weighmasters Law and Regulations adopted thereunder will be strictly observed.

This the _____ day of _____, 20_____

Full name of applicant Title

This day personally came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, _____ who, being by me first duly sworn, states on oath that the matters and things in the foregoing instruments are true and correct as herein stated.

Affiant

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

My Commission expires _____

Notary Public



MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

ANDY GIPSON, COMMISSIONER

Weights and Measures Division

P. O. BOX 1609

Jackson, MS 39215-1609

Phone: 601-359-1149

Fax: 601-359-1175

Email: wm@mdac.ms.gov

**WEIGHMASTER'S OATH
(Individual)**

I, the undersigned, being fully vested with authority to act for and in behalf of Bonded Weighmasters License applicant

Individual Section (<i>PLEASE PRINT</i>)			
I _____ being employed as bonded Weighmaster at			
Company(<i>PLEASE PRINT</i>)			
Company Physical Address			
Company City	Company State	Company Zip Code	Company Phone Number

Do solemnly swear that I have read the Bonded Weighmasters Law of the State of Mississippi and Rules and Regulations adopted thereunder and fully understand requirements imposed upon a bonded weighmaster licensee, and affirm that said business meets all requirements to be licensed as a Bonded Weighmaster and agree that all employees acting in behalf of said business will lawfully and faithfully perform and fulfill the duties and responsibilities devolving upon them by reason of their position and fully understand that if said business or any person employed by it violates any provisions of said law or rules or regulations adopted thereunder, the business will become amenable to the law and subject to the punishment therein, so help me God. It is understood that this oath expires on the same date as business weighmaster license or upon revocation of such license by the Commissioner for cause.

2 WITNESSES: (PLEASE PRINT)

Name (*PRINT OR TYPE*)

Signature

Title



**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
ANDY GIPSON, COMMISSIONER**

Weights and Measures Division
P. O. Box 1609 Jackson, MS 39215-1609
Phone: 601-359-1149 Fax: 601-359-1175 Email: wm@mdac.ms.gov

Bond No. _____

BLANKET WEIGHMASTER'S BOND

KNOW ALL MEN BY THESE PRESENTS, That we _____
(Business)
of _____, as Principal, and _____
(City)

as Surety are held and firmly bound unto the State of Mississippi in the full and just sum of five thousand (\$5,000.00) dollars, for payment of which sum well and truly to be made and done, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, by these presents.

WHEREAS, the said Principal, located at _____
(Business)

(Address) (City) (State) (Zip) (County)

has applied to the Commissioner of Agriculture and Commerce for a license to engage in business as a bonded weighmaster and is required to furnish this bond guaranteeing compliance with the laws of the State of Mississippi and the existing rules and regulations duly promulgated thereunder by the Commissioner of Agriculture and Commerce.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall from the _____ day of _____, 20_____, to the 30th day of June, 20_____, faithfully fulfill the requirements and duties prescribed by the laws of the State of Mississippi and the rules and regulations duly promulgated thereunder, as now existing or hereafter amended, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that beginning on the thirtieth day following receipt by the Commissioner of Agriculture and Commerce of written Notice of Cancellation from the Surety, no new liability shall accrue to the Surety under this bond.

PROVIDED FURTHER, that this obligation may be continued from any subsequent year by continuation certificate.

Signatures and Notary. Complete all information Mississippi Insurance Department License No. of Surety: _____

By:

Principal Date Surety's Authorized Representative Date

Print Name of Principal Print Name/Title of Surety's Authorized Representative

Physical Address of Principal Physical Address of Surety

Subscribed and sworn to before me this the _____ day of _____, 20_____.

{ Seal of Notary Public }

Notary Public

If a Power of Attorney used, a copy of the Power of Attorney or the Authorized Agent of the Surety Company must accompany the Bond