



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

ANDY GIPSON  
COMMISSIONER

**Application for Bonded Weighmaster's License for a Business**

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 business license is one hundred dollars (\$100.00) annually and all Weighmaster's licenses expire on June 30<sup>th</sup> of each year.

Please complete the enclosed application in its entirety and return it along with the required fee of \$100.00, 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 \$100.00 (Business 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](mailto:wm@mdac.ms.gov).

Sincerely,

Brent Bowman, Director  
Weights and Measures Division

BB/al



**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 BUSINESS LICENSE**

The undersigned hereby applies for a license to engage in business as a Bonded Weighmaster, as defined by Section 75-27-303(1) Mississippi Code of 1972, as amended, such license being required by Section 75-27-307(1) for any business or individual who engages in business as a public weighmaster.

**Business Information**

Full Name of <b>Business</b> ( <i>PLEASE PRINT</i> )				
Physical Address (No P. O. Box)				
City		State	Zip Code	
Telephone Number			Fax Number	
Mailing Address			Email Address	
City		State	Zip Code	
Telephone Number			Fax Number	

**Security Company Information** (*Only if Security Company performs as a weighmaster at said business*)

Full Name of <b>Security Company</b> ( <i>PLEASE PRINT</i> )				
Physical Address				
City	State	Zip Code	Telephone Number	Fax Number
Mailing Address			Email Address	
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?  
\_\_\_\_\_

Type of Scale (weighing device):

a. Name \_\_\_\_\_ b. Serial No. \_\_\_\_\_

c. Capacity \_\_\_\_\_ d. Date of last official test \_\_\_\_\_

Has Business or 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 Business or 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.

State of \_\_\_\_\_: County of \_\_\_\_\_

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.

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
Affiant

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](mailto:wm@mdac.ms.gov)

**WEIGHMASTER'S OATH  
(Business)**

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

Full Name of <b>Business</b> ( <i>PLEASE PRINT</i> )			
Physical Address (No P. O. Box)	City	State	Zip Code
Phone Number	Fax 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 (*PLEASE PRINT*)

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



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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.