



## MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

Connie Braswell, Director of Weights and Measures

Phone: 601-359-1149 Email: [wm@mdac.ms.gov](mailto:wm@mdac.ms.gov) Fax: 601-359-1175

CINDY HYDE-SMITH, COMMISSIONER

### Application for Bonded Weighmaster's License for a Business or Individual

The Bonded Weighmaster's Law provides that a business may be licensed as a Bonded Weighmaster which is engaged in business of public weighing who shall weigh or measure any property, commodity, produce or article and issue therefore a weight certificate which shall be accepted as the true and accurate weight or measure upon which property, commodity, produce or article is offered for sale or sold and that seals may be inscribed electronically on weight certificates. It is unlawful to perform the duties of a weighmaster without first obtaining the required license. The Bonded Weighmaster's Law provides that a business or individual that is not employed by a business may be licensed as a Bonded Weighmaster. A security company is not considered the business owner; therefore space is provided at the bottom for the security company information; only if they are hired by the business to perform the duties of a weighmaster. The business license will cover all qualified employees of that business. A business with more than one location will need to obtain a license and have a surety bond, as specified in Section 75-27-313, for each physical location. The fee for the business license is one hundred dollars (\$100.00) and individual license is (\$25.00). All Weighmaster's licenses will expire on June 30<sup>th</sup> of each year.

Please complete the application in its entirety and return it along with the required fee made payable to the Mississippi Department of Agriculture and Commerce, P. O. Box 1609, Jackson, MS 39215-1609. Incomplete applications will not be processed until all requirements are met. The completed application must be accompanied by:

- Fee of \$100.00 (Business License) or  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 your completed application and fee your 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)



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License No. Issued: \_\_\_\_\_

**APPLICATION FOR BONDED WEIGHMASTER'S LICENSE  
FOR A BUSINESS OR INDIVIDUAL**

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/Individual Information**

|   |  |       |               |  |
|---|--|-------|---------------|--|
| Full Name of <b>Business/Individual</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



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WEIGHMASTER'S OATH (Business or Individual)

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

Business Section (PLEASE PRINT)
Physical Address, City, State, Zip Code
Mailing Address, City, State, Zip Code

Individual Section (PLEASE PRINT)
I \_\_\_\_\_ being employed as bonded Weighmaster at
Company(PLEASE PRINT)
Company Physical Address
Company City, Company State, Company Zip Code, Contact 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)

Witness lines for Name, Signature, and Date

Witness lines for Name, Signature, and Title



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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 duly signed and sealed by the surety.

**SIGNED, SEALED and DELIVERED** this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Countersigned by: \_\_\_\_\_ Principal

*(MS Residence Agent must be licensed with State of MS Insurance Department)*

By \_\_\_\_\_

\_\_\_\_\_  
Mississippi Residence Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Address

By \_\_\_\_\_  
Attorney-In-Fact