|  |  |
| --- | --- |
|  | **Public Weighbridge Operator Application** |
| **Details of Weighbridge Business** |
| **Name of Business** |  |
| **Address** |  |
| **Telephone No.** |  | **Fax No.** |  |
| **E-mail** |  |
| **Applicant’s Details** |
| **Full Name** |  |
| **Private Address** |  |
| **Applicant’s Declaration** |
| I (applicant) have read and understood the attached guidance notes Applicant’s signature………………………………………………………….Date……………… |
| **Supervisor’s Declaration** |
| I confirm that............................................................... (Applicants name) is fully conversant with the system of recording weight and the equipment supplied by us for public weighing operations.Supervisor’s Signature ……………………….. Supervisor’s Name (print)…………………….Supervisor’s Position within the business…………………………………...Date……………… |
| **Details of Weighbridge Applicant is to Use** |
|   | **Bridge 1** | **Bridge 2** | **Bridge 3** | **Bridge 4** |
| **Make** |  |  |  |  |
| **Model** |  |  |  |  |
| **Serial Number** |  |  |  |  |
| **Capacity** |  |  |  |  |
| **Please return the completed form to the****xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx** |

**W&M Public Weigh App May 2016 v2**