|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **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**