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| WM-TR-54 (rev 10/06) WM-T TR-WM-55 (Rev 8/23) | | | | | | | | | | | |  |
| N:\LOGOS\DATCPlogo_1in_4c.jpg | | | Vehicle Scale Operator License Application For The Current Licensing Year Ending March 31st Wisconsin Department of Agriculture, Trade and  Consumer Protection  Division of Trade and Consumer Protection  PO Box 93598  Milwaukee, WI 53293-0598  (608) 224-4942 | | | | | | | | | **FOR OFFICE USE ONLY** |
| DATE ISSUED: |
| LICENSE NUMBER |
| currently expires: |
| 1000-13400-1150014300-4600000-14312 |
| Section 98.16, Wis. Stats.  Ch. ATCP 92, WIS. Adm. Code |
| **State of Formation:** | | | | | | | | | | | | |
| **Check One:** | **Individual**  **Partnership**  **Cooperative**  **Corporation**  **LLC**  **Trust**  **LLP**  **Other:** | | | | | | | | | | | |
| Legal Name of Business Entity: | | | | | | | | | | | | |
| Trade Name (If Different from Legal Name): | | | | | | | | | | | | |
| **Primary Business Location:** | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | |
| City, State, Zip: | | | | | | | | | | | | |
| Phone: | | | | Fax: | | | | E-mail: | | | | |
| **Mailing Address:** | | | | | | | | | | | | |
| Name of Contact Person: | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | |
| City, State, Zip: | | | | | | | | | | | | |
| Phone: | | | | Fax: | | | | E-mail: | | | | |
| **License Fee Calculator:** | | | | | | | | | | | | |
| $115.00 | | $115.00 for the annual license (fee is not prorated for partial license years). | | | | | | | | | | |
| $ | | $200.00 surcharge if you have been operating without a license during the last 12 months. | | | | | | | | | | |
| $ | | **Total All Fees** | | | | | | | | | | |
| **Remit Payment:** | | | | | | | | | | | | |
| **Make check payable to WDATCP and return with this completed and signed form to:** | | | | | | | | | | | | |
| Wisconsin Department of Agriculture, Trade and Consumer ProtectionBox 93598 Milwaukee, WI 53293-0598 | | | | | | | | | | | | |
| The undersigned, authorized to act on behalf of the applicant, hereby certifies that this is a true, complete and accurate application for license pursuant to § 98.16, Wis. Stats., and agrees to have the vehicle scale tested and inspected annually by a licensed service company in accordance with Wis. Adm. Code ATCP § 92.30(7). | | | | | | | | | | | | |
| **SIGNATURE OF APPLICANT** | | | | | | | **POSITION/TITLE** | | | | **DATE** | |
| Personal information you provide may be used for purposes other than that for which it was originally collected  (§ 15.04(1)(m), Wis. Stats.).  **TURN OVER TO COMPLETE REVERSE SIDE OF APPLICATION** | | | | | | | | | | | | |
| VEHICLE SCALE INFORMATION | | | | | | | | | | | | |
| Physical Address of Vehicle Scale: | | | | | | | | | | | | |
| Directions To Scale: | | | | | | | | | | | | |
| County: | | | | | | | | | | | | |
| Make of Scale: | | | | | Model Number of Scale: | | | | | Scale Serial Number: | | |
| Indicator Serial Number: | | | | | | \* CC Numbers (Certificate of Conformance) for Scale: | | | | | | |
| Capacity of Scale marked on the indicator in tons: | | | | | | | | | Length of scale deck in feet: | | | |
| \* Scales installed after January 1, 2003 must be marked with a Certificate of Conformance Number (CC). You can also locate CC numbers by using the certificate of conformance search on the NCWM website: [http://ncwm.net/certificates](http://ncwm.net/certificates%20) or contact a service company or the manufacturer.  If scale was operated commercially before January 1, 1997 provide name of previous operator: State ID number (under which device was licensed) or copies of invoices or bills of lading demonstrating commercial use of device. | | | | | | | | | | | | |
| ANNUAL PRIVATE TESTING REQUIREMENT | | | | | | | | | | | | |
| Commercial scales with a capacity of 5,000 pounds or more must be tested annually for accuracy (Wis. Adm. Code ATCP § 92.30(7)) by a service company licensed under Wis. Adm. Code ATCP 92.20(1). If an initial annual test shows that a scale is inaccurate, the scale may not be used until a licensed service company corrects the problem, retests the scale, and delivers a written report to the scale owner or operator verifying the scale is accurate. The owner or operator of a vehicle scale shall file with the department a copy of each report prepared in connection with the annual testing of that scale within 30 days of the test. Failure to send the test report within 30 days will result in $200 testing surcharge that you must pay before a license will be issued. Failure to pay the surcharge within 120 days you receive the invoice may result in suspension or revocation of your license. | | | | | | | | | | | | |
| **Attach a copy of the most recent test report from a licensed service company to this application. The test needs to have been conducted within the previous 12 months.**  **Incomplete applications will not be processed. Please double check your application to avoid delays.** | | | | | | | | | | | | |
| Check this box if the vehicle scale is portable, intended to be moved, and not permanently installed. | | | | | | | | | | | | |