



Ohio Department of Agriculture
ANIMAL INDUSTRY
 8995 East Main Street, Reynoldsburg, OH 43068-3399
 Telephone: (614) 728-6220 Fax: (614) 728-6310
www.ohioagriculture.gov/animal/ Email: animal@mail.agri.state.oh.us



APPLICATION FOR WEIGHER OF LIVESTOCK LICENSE

Application is hereby made and remittance of five dollars (\$5.00) enclosed for a license to engage in the weighing of livestock as prescribed under Section 943.08 of the Revised Code of Ohio.

Name: _____
 Address: _____
 SS#/Tax ID: _____ DOB: _____
 Telephone: _____ Fax: _____ Email: _____

Give the names of the markets and/or yards, or name of county fair, and locations where you are to act as a weigher of livestock:

Market/Yard/County Fair _____
Address _____
Approved Scale Test Date _____

DUTIES AND OBLIGATIONS OF A WEIGHER AND PENALTY FOR NON-FULFILLMENT

Under Section 943.08 of the Revised Code all livestock handled for purchase, sale or exchange shall be accurately weighed by a licensed weigher or weighers upon scales which have been approved, tested and found to be in a satisfactory condition.

Under Section 943.11 any weigher who improperly weighs any livestock, or gives any false certificate of weight, or accepts directly or indirectly, money or other consideration for any neglect or improper performance of duty, and any persons who wrongfully influences , or interferes with any such weigher in the performance of his duty or who attempts to do so shall be guilty of a misdemeanor.

Whoever violates this section shall be fined not less than one-hundred dollars nor more than one-thousand dollars or imprisoned for not less than thirty days nor more than one year, or both.

I have read the above statements of duties and obligations of a weigher and am aware of the penalty for violation.

 Witness Signature of Applicant

 Date Signature of Employer

PAYMENT REQUIRED:

Total amount must be enclosed to cover the fee for the above license payable to the Ohio Department of Agriculture.
 Payment by check or money order only:

Payment Method: Check # _____ Money Order
 Amount: \$, .

FOR OFFICE USE ONLY	
APPROVED	_____
CHECK #	_____
DATE OF CHECK	_____
AMOUNT OF CHECK	_____
WEIGHER # ISSUED	_____
ISSUED DATE	_____