

**IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP**

<https://iowaagriculture.gov/forms-and-licensing>

**Scale Application for Weighing and Measuring Device License**

**A person who uses or displays for use any commercial weighing device shall secure a license from the department in accordance with Iowa Code 214.**

**License must be displayed at the location of weighing and measuring device.**

**FEE: A Scale License is issued from January 1 to December 31 and shall expire on December 31 of the current year.**

| <b>Weighing &amp; Measuring Device(s) to be Licensed</b> |                          |            |                       |              |
|--|--------------------------|------------|-----------------------|--------------|
| <b>CODE</b>  | <b>Capacity</b>          | <b>Fee</b> | <b>No. of Devices</b> | <b>Total</b> |
| A  | 0 thru 500 lbs.          | \$9.00     |                       |              |
| B  | 501 thru 5,000 lbs.      | \$16.50    |                       |              |
| C  | 5,001 thru 50,000 lbs.   | \$46.50    |                       |              |
| D  | 50,001 thru 120,000 lbs. | \$84.00    |                       |              |
| E  | Over 120,000 lbs.        | \$106.50   |                       |              |
| MM   | Moisture Meter (s)       | \$24.00    |                       |              |
|  |                          | TOTAL      |                       |              |

**Purpose of Application**

Renewal

Adding Additional Scales  
To existing licenses

New Business Name

**Previous Business Name**

\_\_\_\_\_

License is nontransferable & non refundable

\_\_\_\_\_  
Signature (owner/manager)

License No. \_\_\_\_\_

**Return this form with payment to:**  
Weights & Measures Bureau  
2230 South Ankeny Blvd.  
Ankeny IA 50023-9093  
515-725-1492

Contact or Billing e-mail  
\_\_\_\_\_

**Weighing/Measuring Device Address**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IA Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business Mailing Address**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_