



Washington State Department of Agriculture
 Weights & Measures Program
 PO Box 42591
 Olympia, WA 98504-2591
 (360) 902-1854 • FAX (360) 902-2086
 wtsmeasures@agr.wa.gov

CASHIER USE ONLY

APPLICATION FOR WEIGHMASTER / WEIGHER LICENSE

3115

(Chapter 15.80 RCW)

WEIGHMASTER INFORMATION (Please note any corrections to preprinted information)

BUSINESS NAME AND MAILING ADDRESS:		BUSINESS LOCATION IF DIFFERENT FROM MAILING ADDRESS:	
UBI NUMBER		TELEPHONE	
— —		()	
Firm is operated as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			

APPLICATION TYPE

New Renewal Add Weighers

PROCESS AGENT INFORMATION

NAME OF PERSON IN THIS STATE WHO IS AUTHORIZED TO ACCEPT LEGAL SERVICE

COMPLETE ADDRESS OF PERSON AUTHORIZED TO ACCEPT LEGAL SERVICE

LIST OF OFFICERS AND / OR PARTNERS

NAME	POSITION / TITLE		
ADDRESS	CITY	STATE	ZIP
NAME	POSITION / TITLE		
ADDRESS	CITY	STATE	ZIP
NAME	POSITION / TITLE		
ADDRESS	CITY	STATE	ZIP
NAME	POSITION / TITLE		
ADDRESS	CITY	STATE	ZIP

DESCRIPTION OF EQUIPMENT

MAKE	SERIAL NO.	CAPACITY	PLATFORM SIZE	TYPE
LOCATION — Address, City, State, Zip				
FIRM NAME (at equipment location address)				

WEIGHERS TO BE LICENSED† — RCW 15.80.490

†*Weighers must be at least 16 years of age at time of licensing*

EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE
EMPLOYEE'S FULL NAME — <i>First, Middle, Last</i>	POSITION / TITLE
ADDRESS — <i>Street Address or P.O. Box, City, State, Zip</i>	SIGNATURE

FEE SCHEDULE

WEIGHMASTER LICENSE	\$50.00
WEIGHER (each person)	\$10.00
STATE SEAL RENTAL (each).....	\$ 5.00
SEAL REPLACEMENT (each)	\$25.00
LATE RENEWAL PENALTY*	50% of Subtotal

Send completed application, remittance, and surety bond(s) to:

**Washington State Department of Agriculture
Weights & Measures Program
PO Box 42591
Olympia WA 98504-2591**

CREDIT CARD ORDERS ONLY—FILL IN INFORMATION BELOW

CARD TYPE	EXPIRATION DATE
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
CARD NUMBER	
SIGNATURE OF CARDHOLDER	

REMITTANCE AMOUNT

WEIGHMASTER LICENSE @ \$50.00 = \$ _____

_____ @ \$10.00 ea. = \$ _____
WEIGHERS

_____ @ \$ 5.00 ea. = \$ _____
SEAL RENTALS

_____ @ \$25.00 ea. = \$ _____
REPLACEMENT SEALS

Subtotal \$ _____

LATE RENEWAL PENALTY*
50% of Subtotal = \$ _____

TOTAL ENCLOSED \$ _____

METHOD OF PAYMENT

Check** payable to: **WSDA**

Money Order payable to: **WSDA**

Credit Card (fill out information at left)

WEIGHMASTER CERTIFICATION *LATE RENEWAL PENALTY FEE APPLIES TO RENEWAL PAYMENTS MADE AFTER JUNE 30

As weighmaster or duly authorized representative, I hereby certify that I have read and understand the provisions of Chapter 15.80 RCW, that I meet age and other requirements of this Chapter, and that all information contained within this application is true and correct to the best of my knowledge and belief.

SIGNATURE OF WEIGHMASTER OR AUTHORIZED REPRESENTATIVE	DATE
X	

**Checks returned by the bank will be charged a handling fee of \$25.00. (RCW 62A.3.515(a) and 62A.3.520.)