



Washington State Department of Agriculture

# APPLICATION FOR AGENT'S LICENSE UNDER CHAPTER 20.01 RCW

**License Fee: \$61.00**

Year \_\_\_\_\_

<b>CASHIER USE ONLY</b>
<b>OFFICE USE ONLY</b>
ISSUED _____
LICENSE NO. _____

**3103**

Applicant (Name) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Applicant mailing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

This applicant is hereby authorized to receive, contract for, or solicit or negotiate the consignment or purchase of agricultural products on behalf of the licensee named below.

Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
DATE

## INSTRUCTIONS

*Make all checks payable to:  
WSDA*

## MAIL APPLICATION AND LICENSE FEE TO:

Washington State Department of Agriculture  
Agricultural Investigations Program  
P.O. Box 42591  
Olympia, WA 98504-2591  
Phone: (360) 902-1857