



Washington State Department of Agriculture  
Weights & Measures Program  
PO Box 42591  
Olympia, WA 98504-2591  
(360) 902-2035 • FAX (360) 902-2086  
wtsmeasures@agr.wa.gov

CASHIER USE ONLY

## APPLICATION FOR WEIGHMASTER / WEIGHER LICENSE

(Chapter 15.80 RCW)

### WEIGHMASTER BUSINESS TO BE REGISTERED

<b>UBI NUMBER (MUST INCLUDE LOCATION CODE)</b>	<b>TELEPHONE NUMBER</b> (      )	<b>EMAIL ADDRESS</b>	
<b>NAME OF BUSINESS</b>		<b>PAYEE (PLEASE COMPLETE IF DIFFERENT THAN BUSINESS NAME)</b>	
<b>BUSINESS ADDRESS -- STREET ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS (IF DIFFERENT FROM ABOVE) -- P.O. BOX OR STREET ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
Business is operated as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
<b>Person in this state authorized to accept legal service:</b> _____ <span style="float: right; font-size: small;">NAME -- Please print</span>			
ADDRESS -- Street Address, City, State, Zip Code			

<b>IF UNDER PREVIOUS OWNERSHIP, PROVIDE NAME(S) OF BUSINESS LAST 24 MONTHS: PREVIOUS BUSINESS NAME #1</b>	<b>DATE ACQUIRED</b>
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If no longer providing Weighmaster services, check this box and return the seal to the address above.

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

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

- Registration fee       Current calibration report
- Copy of weight ticket

Send the above items with completed application to:

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

REMITTANCE AMOUNT	
WEIGHMASTER LICENSE @ \$50.00 = \$	_____
_____ @ \$10.00 ea. = \$	_____
# WEIGHERS	
_____ @ \$ 5.00 ea. = \$	_____
# SEAL RENTALS	
_____ @ \$50.00 ea. = \$	_____
# REPLACEMENT SEALS	
<b>Subtotal \$</b>	_____
LATE RENEWAL PENALTY* 50% of Subtotal = \$	_____
<b>TOTAL ENCLOSED \$</b>	_____

3115 3125

DESCRIPTION OF EQUIPMENT				
<b>SCALE MAKE</b>	<b>SCALE SERIAL NO.</b>	<b>SCALE CAPACITY IN POUNDS</b>	<b>SCALE PLATFORM SIZE</b>	<b>SCALE TYPE</b>
<b>INDICATOR MAKE</b>	<b>INDICATOR MODEL</b>	<b>INDICATOR SERIAL NUMBER</b>		
<b>SCALE LOCATION</b> — Address, City, State, Zip				
<b>FIRM NAME WHERE EQUIPMENT RESIDES</b> (at scale location address)				

Payment Methods: Check\*\*, Money Order, Visa or MasterCard

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

**WEIGHERS TO BE LICENSED (Weighers must be at least 18 years of age at time of licensing)**

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	EMPLOYEE'S FULL NAME (PLEASE PRINT) — <i>First, Middle, Last</i>	POSITION / TITLE
	HOME ADDRESS	ORIGINAL SIGNATURE
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	HOME ADDRESS	ORIGINAL SIGNATURE

**WEIGHMASTER CERTIFICATION**

*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 <b>X</b>	PHONE NUMBER	DATE
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