



Washington  
State Department of  
Agriculture

Weights and Measures Program  
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CASHIER USE ONLY

OFFICE USE ONLY

ISSUED: \_\_\_\_\_

3114

## SERVICE AGENT / SERVICEPERSON REGISTRATION APPLICATION

Reference: RCW 19.94 and WAC 16-663

**FEE: \$160.00 Per Serviceperson • Certificate Valid for One Year**

Make check payable to: Department of Agriculture. Send completed application and remittance to the address above

### SERVICE AGENT BUSINESS TO BE REGISTERED

UBI NUMBER		TELEPHONE NUMBER ( )	EMAIL ADDRESS
NAME OF BUSINESS		PAYEE (PLEASE COMPLETE IF DIFFERENT THAN BUSINESS NAME)	
BUSINESS ADDRESS -- STREET ADDRESS			
CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) -- P.O. BOX OR STREET ADDRESS			
CITY		STATE	ZIP CODE
Indicate device type serviced (check all that apply): <input type="checkbox"/> Scales <input type="checkbox"/> Meters <input type="checkbox"/> Other: _____			
Business is operated as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Person in this state authorized to accept legal service: _____ NAME -- Please print			
ADDRESS -- Street Address, City, State, Zip Code			

If no longer operating as a Service Agent / Service Person, initial the box at right, sign and date the statement below, and return via mail or email the above address or FAX to 360-902-2086.

INITIAL ONLY IF NO LONGER OPERATING

### SERVICEPERSONS TO BE REGISTERED (See reverse for additional names)

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	NAME (PLEASE PRINT)	ORIGINAL SIGNATURE*	DATE
	HOME ADDRESS		CERT #
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	NAME (PLEASE PRINT)	ORIGINAL SIGNATURE*	DATE
	HOME ADDRESS		CERT #
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	NAME (PLEASE PRINT)	ORIGINAL SIGNATURE*	DATE
	HOME ADDRESS		CERT #
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	NAME (PLEASE PRINT)	ORIGINAL SIGNATURE*	DATE
	HOME ADDRESS		CERT #

### STATEMENT

I certify that the above information is correct and that the fee enclosed corresponds to the number of servicepersons who intend to provide the examination that permits a corrected weighing or measuring device to be placed back into commercial service.

Original  
Signature of  
Business Rep. \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### ENCLOSURES

- Registration Fee: Number of Servicepersons \_\_\_\_\_ x \$160.00 = \$ \_\_\_\_\_
- Sample of seal, tag or label
- Current calibration report for test standards

\*Signature not required for deleted servicepersons.

