



Washington State Department of Agriculture
Weights and Measures Program
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CASHIER USE ONLY

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 UNDER PREVIOUS OWNERSHIP, PROVIDE NAME(S) OF BUSINESS LAST 24 MONTHS: PREVIOUS BUSINESS NAME #1	DATE ACQUIRED
PREVIOUS BUSINESS NAME #2	DATE ACQUIRED

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.

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

