



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

UBI NUMBER (MUST INCLUDE LOCATION CODE)	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
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
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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
Subtotal \$ _____	
LATE RENEWAL PENALTY* 50% of Subtotal = \$ _____	
TOTAL ENCLOSED \$ _____	

3115 3125

DESCRIPTION OF EQUIPMENT				
SCALE MAKE	SCALE SERIAL NO.	SCALE CAPACITY IN POUNDS	SCALE PLATFORM SIZE	SCALE TYPE
INDICATOR MAKE	INDICATOR MODEL	INDICATOR SERIAL NUMBER		
SCALE LOCATION — Address, City, State, Zip				
FIRM NAME WHERE EQUIPMENT RESIDES (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 X	PHONE NUMBER	DATE
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