



Washington
State Department of
Agriculture

Weights & Measures Program
PO Box 42591
Olympia WA 98504-2591
(360) 902-2035
Fax (360) 902-2094
wtsmeasures@agr.wa.gov

CASHIER USE ONLY

Weighmaster /Weigher License Application

Chapter 15.80 RCW

Items marked with an asterisk * are required.

Weighmaster Business to be Registered			
UBI Number (Must include location code) *	Phone Number *	Email Address *	
Name of Business *	Payee (if different than business name) *		
Business Address — Street Address *	City *	State *	Zip Code *
Mailing Address (If Different From Above) <input type="checkbox"/> Same as Above	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: * <div style="text-align: right;">Name- Please Print</div> <div style="text-align: right;">Address — Street address, City, State, Zip Code</div>			
<input type="checkbox"/> If no longer providing Weighmaster services, check this box and return the seal to the address above.			

Fee Schedule	
Licenses	
Weighmaster License	\$80.00
Weigher (each person/per scale)	\$20.00
Late Renewal Penalty * 50% of License Subtotal	
* Late renewal penalty fees apply to payments postmarked after June 30th	
Seals	
Select ONE option:	
NEW Weighmaster Impression Seal	\$60.00
REPLACEMENT Impression Seal	\$60.00
E-SEAL	FREE
Required Attachments	
<input type="checkbox"/> Registration fee payment <input type="checkbox"/> Current calibration report <input type="checkbox"/> 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	

Payment Amount	
Licenses	
Weighmaster License (per scale) _____ @ \$80 ea = \$ _____	
Weighers (each person/per scale) _____ @ \$20 ea = \$ _____	
Licenses Fees Subtotal: \$ _____	3115
Late Renewal Penalty (50% of subtotal): \$ _____	3125
Seals — Select ONE option:	
<input type="checkbox"/> NEW Weighmaster Impression Seal \$60.00 ea \$ _____	
<input type="checkbox"/> REPLACEMENT Impression Seal \$60.00 ea \$ _____	
Seal No.(s): _____	
<input type="checkbox"/> E-SEAL	FREE
Total	
Total Enclosed: \$ _____	
Payment by: 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.	

Weighmaster /Weigher License Application, continued

Description of Equipment - Scale #1				
Scale Make	Scale Serial Number	Scale Capacity In Pounds	Scale Platform Size	Scale Type
Indicator Make	Indicator Model	Indicator Serial Number	Current Seal No (If Applicable) <input type="checkbox"/> Need Replacement	
Scale Location — Address, City, State, Zip Code				
Firm Name Where Equipment Resides (at Scale Location Address)				
Weighers to be Registered to Scale #1				
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
Description of Equipment - Scale #2				
Scale Make	Scale Serial Number	Scale Capacity In Pounds	Scale Platform Size	Scale Type
Indicator Make	Indicator Model	Indicator Serial Number	Current Seal No (If Applicable) <input type="checkbox"/> Need Replacement	
Scale Location — Address, City, State, Zip Code				
Firm Name Where Equipment Resides (at Scale Location Address)				
Weighers to be Registered to Scale #2				
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
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 *		Phone Number *	Date *	

Weighmaster / Weigher License Application — Addendum to Add Additional Scale(s)

Description of Equipment - Scale # _____				
Scale Make	Scale Serial Number	Scale Capacity In Pounds	Scale Platform Size	Scale Type
Indicator Make	Indicator Model		Indicator Serial Number	Current Seal No (If Applicable) <div style="text-align: right;"><input type="checkbox"/> Need Replacement</div>
Scale Location — <i>Address, City, State, Zip</i>				
Firm Name Where Equipment Resides (at Scale Location Address)				
Weighers to be Registered to Scale # _____				
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
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Description of Equipment - Scale # _____				
Scale Make	Scale Serial Number	Scale Capacity In Pounds	Scale Platform Size	Scale Type
Indicator Make	Indicator Model		Indicator Serial Number	Current Seal No (If Applicable) <div style="text-align: right;"><input type="checkbox"/> Need Replacement</div>
Scale Location — <i>Address, City, State, Zip</i>				
Firm Name Where Equipment Resides (at Scale Location Address)				
Weighers to be Registered to Scale # _____				
<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	<input type="checkbox"/> New /Renew <input type="checkbox"/> Delete	Employee Full Name (First, Middle, Last)	
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