Yakima Region
Commodity Inspection Division
21 North First Ave. Ste. 226
Yakima, WA 98902

Wenatchee Region
Commodity Inspection Division
270 9th Street NE Ste. 101-A
East Wenatchee, WA 98802

Cashier Use Only

Amount Received: $ _____

APPLICATION FOR A CONTROLLED ATMOSPHERE LICENSE

IMPORTANT: Complete, sign, attach the required fee, and return to the address at the top of this page. Upon receipt of complete application and correct License Fee, the Director of Agriculture will grant you approval for you Controlled Atmosphere License. If you are applying for a new License, a C.A. Number will be assigned to you at this time. If you are renewing, you will retain your current WNCA Number. Use of such assigned number on container markings will be dependent upon compliance with RCW 15.30 and the rules and regulations adopted thereunder. You should keep a copy of this Application for your records. The original will be signed and returned to you. ***Please complete all application items.***

Applicant Information

Applying for: ☐ New License ☐ Renewal **Type of License:** ☐ Operating and/or ☐ Leasing WNCA #:

Full Name of Applicant: _____ Phone: _____

Mailing Address: _____ FAX: _____

_____ Email: _____
CITY STATE ZIP CODE

Region in Which the Primary Business address noted above exists: Region:

Type of Business: ☐ Individual ☐ Receiver ☐ Trustee ☐ Firm ☐ Partnership ☐ Association ☐ Corporation

If operating as a Firm, Partnership, Association or Corporation, list full name of each officer/member or partner below:

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

List Name of Individual who is residing in the state of Washington who is authorized to receive service of all types of legal notices:

Name: _____ **Telephone:** _____

Room Information

Rooms by Designation: (A, B, C, D or 1, 2, 3, 4):

Storage Capacity of each CA storage warehouse in which applicant intends to operate (by cubic capacity or Volume):

Kind of Fruit Provided for: _____

Rooms Per Region: Yakima: _____ Wenatchee: _____ Total No. of Rooms: _____

Amount Enclosed: $ _____ **Fee Schedule:** 4 Rooms or Less: $25.00 Flat Fee
5 rooms or More: $5.00 per room

Signature of Applicant: _____

Checks returned by the bank will be charged a handling fee of $25.00 (RCW 62A.3-515[a] and 62A.3-520

Department Use Only/License Approval

Director of Agriculture
State of Washington

Dated: _____ By: _____

This License Expires: _____ _____
Fruit & Vegetable Inspection Program Manager