



Washington
State Department of
Agriculture

Weights & Measures Program
P.O. Box 42591
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(360) 902-2035
SAgents@agr.wa.gov

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.

Items marked with an asterisk * are required.

Service Agent Business to be Registered					
UBI Number *		Phone Number *		Email Address *	
Name of Business *			Payee (if different than business name) *		
Business Address — Street Address *		Attn: *	City *	State *	Zip Code *
Mailing Address (If Different From Above)		Attn:	City	State	Zip Code
Indicate device type serviced (check all that apply): *					
<input type="checkbox"/> Small Scale <input type="checkbox"/> Int. Scale <input type="checkbox"/> Large Scale <input type="checkbox"/> Rail Scale <input type="checkbox"/> Liquid Fuel Low <input type="checkbox"/> Liquid Fuel Int. <input type="checkbox"/> Liquid Fuel High <input type="checkbox"/> Propane Small <input type="checkbox"/> Propane Large <input type="checkbox"/> Cordage Meter <input type="checkbox"/> Mass Flow Meter <input type="checkbox"/> Taxi Meter <input type="checkbox"/> Fabric Meter					
Person in this state authorized to accept legal service: *					
_____			Name		
_____			Address		
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. _____					
<i>Initial only if no longer operating</i>					
Servicepersons to be Registered (Use page 2 for additional names)					
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Delete	Name *	ID # *	Date *		

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

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

