



Washington
State Department of
Agriculture

Livestock Identification Program
PO Box 42591
Olympia WA 98504-2591
Phone: (360) 902-1855
livestockid@agr.wa.gov

CASHIER USE ONLY

3126

Application for Certification to Issue Brand Inspection Certificates

Fee: \$60.00

Application: New Type: Field Livestock Inspector Training Date: _____
 Renewal Certified Veterinarian

| Applicant Information | | | |
|--|------------------------------------|-------------------------|-----|
| Applicant Name | | Phone Number | |
| Counties in which you will be performing livestock inspections | | Email | |
| Mailing Address | City | State | Zip |
| Briefly describe your experience with large animals, especially cattle and horses: | | | |
| Applicant requests certification to issue inspection certificates for: <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Both | | | |
| Veterinary Information (if applicable) | | | |
| Veterinary Hospital | WA State Veterinary License Number | License Expiration Date | |
| Certification | | | |
| I certify that the above information is true and accurate. I understand that the Washington State Department of Agriculture may withdraw or deny approval if I have knowingly made false or inaccurate statements regarding my qualifications. (RCW 16.57.025 , WAC 16.610.060(9)) | | | |
| _____ | | _____ | |
| Signature | | Date | |

Mail this application with payment to WSDA at the address shown above. Make check payable to: WSDA. *

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

| | |
|---------------------|--|
| Office Use Only | |
| Issued: _____ | |
| License No. _____ | |
| Date Expires: _____ | |