



### DESCRIPTION OF EQUIPMENT - SCALE #1

SCALE MAKE	SCALE SERIAL NO.	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				
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 (PLEASE PRINT) - First, Middle, Last	<input type="checkbox"/> New/Renew <input type="checkbox"/> Delete	EMPLOYEE FULL NAME (PLEASE PRINT) - First, Middle, Last
<input type="checkbox"/> New/Renew <input type="checkbox"/> Delete	EMPLOYEE FULL NAME (PLEASE PRINT) - First, Middle, Last	<input type="checkbox"/> New/Renew <input type="checkbox"/> Delete	EMPLOYEE FULL NAME (PLEASE PRINT) - First, Middle, Last
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### DESCRIPTION OF EQUIPMENT - SCALE #2

SCALE MAKE	SCALE SERIAL NO.	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				
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 (PLEASE PRINT) - First, Middle, Last	<input type="checkbox"/> New/Renew <input type="checkbox"/> Delete	EMPLOYEE FULL NAME (PLEASE PRINT) - First, Middle, Last
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### 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 <b>X</b>	PHONE NUMBER	DATE
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## ADDENDUM TO ADD ADDITIONAL SCALE(S)

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