



Washington
State Department of
Agriculture

**APPLICATION FOR AGENT'S LICENSE
UNDER CHAPTER 20.01 RCW**

License Fee: \$66.00

Year _____

CASHIER USE ONLY
OFFICE USE ONLY
ISSUED _____
LICENSE NO. _____

3103

Applicant (Name) _____ Telephone No. (____) _____

Applicant mailing address _____

SIGNATURE OF APPLICANT

DATE

This applicant is hereby authorized to receive, contract for, or solicit or negotiate the consignment or purchase of agricultural products on behalf of the licensee named below.

Name of Employer _____

Employer's Address _____

SIGNATURE OF EMPLOYER

DATE

INSTRUCTIONS

*Make all checks payable to:
WSDA*

MAIL APPLICATION AND LICENSE FEE TO:

Washington State Department of Agriculture
Agricultural Investigations Program
P.O. Box 42591
Olympia, WA 98504-2591
Phone: (360) 902-1857