*For Postal Delivery*

Department of Labor and Industries
Factory Assembled Structures
PO Box 44430
Olympia WA 98504-4430

*For Non-Postal Delivery (e.g., FedX, UPS)*
Department of Labor and Industries
7273 Linderson Way SW
Tumwater WA 98501

☐ Vendor (Original)
☐ Alteration
☐ Replacement

*Applicant: Fill out completely*

| MANUFACTURER/OENRT | VENDOR NO. |
|---|---|
| PRODUCTION FACILITY ADDRESS | |
| CITY/STATE/ZIP | |
| TELEPHONE NO. | FAX NO. |

**FOR DEPARTMENT USE ONLY**

| FEE LEDGER SHEET NO. | CHECK NO. | $ AMOUNT. |
|---|---|---|
| | | |

# APPLICATION FOR INSIGNIA
## CONVERSION VENDOR UNITS

***SUBMIT ONE COPY -*** ***NOTE: A separate form is to be used for each Unit unless multiple units have the the same plan approval, addendum and design options.***

| Contact person's printed name: | Date | Fee enclosed $ |
|---|---|---|
| Signature | Phone No ( ) | FAX No ( ) |

**A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION -- NOT SUBJECT TO REFUND**

**PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES**

**IMPORTANT - EACH INSIGNIA IS ASSIGNED TO A SPECIFIC VEHICLE - ONLY ONE INSIGNIA PER SECTION**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| Concentrated Load ☐ Yes ☐ No | | ESL / | P / AC | HTG / | |
| 2. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 3. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 4. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 5. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 6. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 7. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 8. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 9. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |

*continued on reverse*

Manufacturer/Owner to complete:

Number of tags: _____

Via ☐ Regular mail
☐ Overnight at customer expense
☐ Other _____

Carrier _____

Acct # _____

For Department Use Only

Insignia Release by: _____ Date _____ To _____

| | | | | | |
|---|---|---|---|---|---|
| 10. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| | Concentrated Load ☐ Yes ☐ No | ESL / | P AC | HTG / | |
| 11. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 12. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 13. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 14. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 15. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 16. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 17. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 18. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 19. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 20. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 21. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 22. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 23. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 24. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 25. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 26. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 27. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |
| 28. | Mfg. Serial No. | Dept. Insignia No. | Approved Plan No. | Design option. | Fee $ |