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WASHINGTON STATE DEPARTMENT OF LICENSING

Agricultural Permit Questionnaire

Applicant name *(Last, First, Middle)*	
Date of birth	(Area code) Telephone number
Employer name *(Last, First, Middle)*	
Relationship of employer to applicant ☐ parent ☐ grandparent ☐ other _____	
Type of farm	Vehicle type
Duties of applicant	
Road type *(Check all that apply.)* ☐ dirt ☐ paved ☐ residential ☐ school zone ☐ freeway ☐ county road ☐ city street ☐ business arterial	
Known hazards requiring special driving skills	
How many miles will applicant need to drive? _____ miles	
Residence address of applicant	
Street address of farm	
If addresses differ, person providing applicant's transportation to main farm *(Last, First, Middle)*	
Name of applicant's direct supervisor *(Last, First, Middle)*	
Drivers education completed? ☐ yes ☐ no *If yes:* place _____ date _____ instructor _____ *If no:* describe driving experience _____ _____	
Map provided? ☐ yes ☐ no	Signature form provided? ☐ yes ☐ no

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ X **When completed, please print this out and sign here.**

Date and place — Signature of parent or legal guardian