



Master License Service
 Department of Licensing
 PO Box 9034
 Olympia, WA 98507-9034
 (360) 664-1400

UBI
Owner name

Agriculture Addendum

This supplemental form may only be submitted as an attachment to the Master Business Application.

A Basic information				
Business name				
B Complete this section for Pesticide Dealer				
1.	Name of designated dealer-manager for this location	License qualification number		
2. If this is an out-of-state firm , complete the agent information below. The agent must reside in Washington.				
Legal agent name				
Legal agent address		City	State WA	Zip code
C Complete this section for Nursery Retailer/Wholesaler				
1. Indicate which one of the following describes your primary nursery business activity:				
<input type="checkbox"/> Garden center <input type="checkbox"/> Propagation/production <input type="checkbox"/> Landscaper <input type="checkbox"/> Landscape supplier <input type="checkbox"/> Florist				
2. Are you propagating plant material?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Do you ship plant materials out of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Do you grow Cydonia, Chaenomeles, Malus, Prunus, Pyrus or Vitis? <input type="checkbox"/> Yes <input type="checkbox"/> No				