

Agricultural Permit Questionnaire

Applicant name (Last, First, Middle)	
Date of birth	(Area code) Phone number
Employer name (Last, First, Middle)	
Relationship of employer to applican	t
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	
Known nazarus requiring special unving 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	
□ yes □ no	
If ves: place	date instructor
If no: describe driving experier	
Map provided?	Signature form provided?
☐ yes ☐ no	yes no
I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.	
X	
Date and place Signary	gnature of parent or legal guardian