

For Postal Delivery

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

For Non-Postal Delivery (e.g., FedEx, UPS)

Department of Labor and Industries
 7273 Linderson Way SW
 Tumwater WA 98501

<input type="checkbox"/>	Vendor (Original)	3
<input type="checkbox"/>	Alteration	
<input type="checkbox"/>	Replacement	

Applicant: Fill out completely

MANUFACTURER/OENRT	VENDOR NO. 2
PRODUCTION FACILITY ADDRESS 1	
CITY/STATE/ZIP	
TELEPHONE NO.	FAX NO.
FOR DEPARTMENT USE ONLY	
FEE LEDGER SHEET NO.	CHECK NO.
\$ AMOUNT	

APPLICATION FOR INSIGNIA CONVERSION VENDOR UNITS

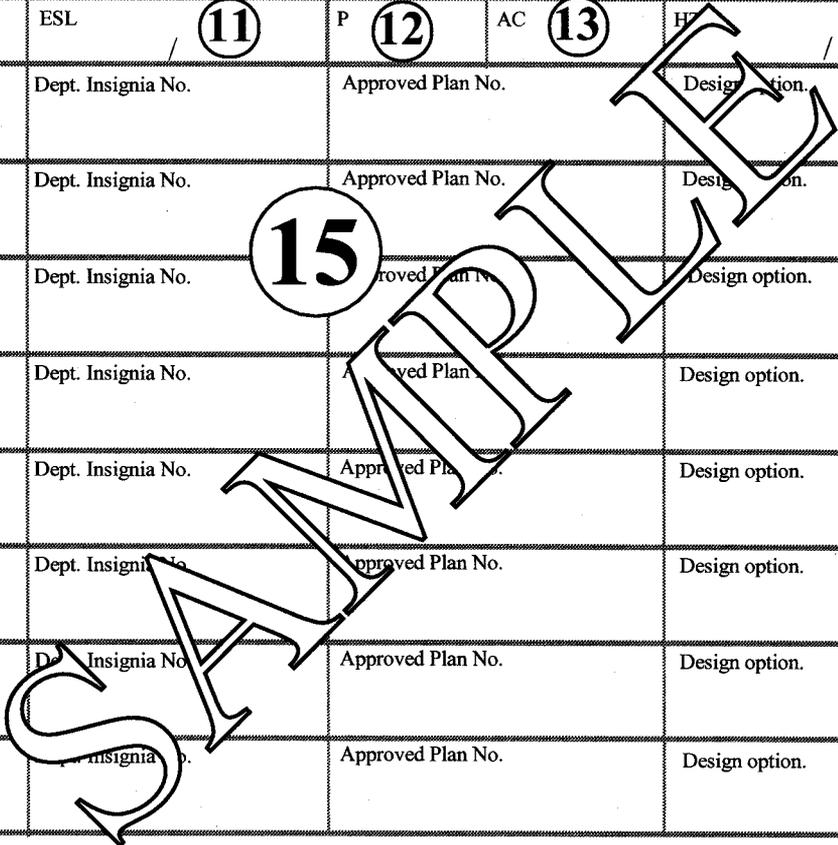
SUBMIT ONE COPY - NOTE: A separate form is to be used for each Unit unless multiple units have the the same plan approval, addendum and design options.

Contact person's printed name: 4	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. 5	Dept. Insignia No. 6	Approved Plan No. 7	Design option. 8	Fee 9
	Concentrated <input type="checkbox"/> Yes 10 <input type="checkbox"/> No	ESL 11	P 12 AC 13	HT 14	
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 \$



Manufacturer/Owner to complete: *continued on reverse*

Number of tags: 16 Via Regular mail Overnight at customer expense Other _____ Carrier _____

For Department Use Only _____ Acct # _____

Insignia Release by: _____	Date _____	To _____
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10.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
	Concentrated Load <input type="checkbox"/> Yes <input type="checkbox"/> 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 15	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 \$

Instructions for F623-021-000 Application for Insignia – Conversion Vendor/Medical Units

1. Provide the Manufacture/owner name, address, phone and fax number if available.
2. The Manufacture/Owner Identification Number will be assigned by the department upon approval of the manufacturer's first plan.
3. Check the box appropriate for the type of insignia requested.
4. Provide the name of the contact person requesting these insignia(s) should any questions arise. Also provide date the application was sent to the department as well as the total fee for all insignias, etc. requested on this form.
5. Enter the unique manufacturer serial number for which an insignia is being requested.
6. This box is for departmental use only; leave blank.
7. If applicable, enter the previously approved plan number for which this insignia is being requested. If the insignia request accompanies a new plan approval request, you should leave this blank and the department will enter the plan approval number when assigned.
8. Show which design options are used with this structure, otherwise "N/A".
9. See WAC 296-150V for current fee schedules.
10. If applicable, indicate if a concentrated load applies.
11. Show the size of the electrical service to the unit
12. Indicate the number of plumbing fixtures (not fixture units) within the building. Do not count icemakers but do count hot water heaters, hosebibbs, etc.
13. Indicate 'yes' or 'no' regarding air conditioning in the building.
14. If applicable, indicate the type of heating and fuel. i.e. FA/E for forced air/electric. Heating types are FA/forced air; HYD-hydronics; BB-baseboard; CBL-cable. Fuel types are O-oil; G-gas; or E-electric. For heating types or fuels not shown, contact the Department for further information.
15. Request additional insignias required for the building configuration or the other buildings. You may use the back of the form for additional insignias if required.
16. Show the total number of insignias on both the front and back of this request. Indicate how you wish insignias to be forwarded to the inspector. If requesting overnight delivery service, you must indicate the carrier to be used and you account number to be billed.

PREPARING FOR INSPECTIONS

- See <http://www.lni.wa.gov/TradesLicensing/FAS/Types/VendMed/> for instructions about required inspections and insignia.