

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



APPLICATION FOR INSIGNIA CONVERSION VENDOR/ MEDICAL UNITS

FedEx/UPS Delivery:
 Department of Labor and Industries
 7273 Linderson Way SW
 Tumwater WA 98501-5414

A separate form is required for each unit unless multiple units have the same plan approval, addendum, and design options.

Date	Fee Enclosed \$
------	--------------------

Vendor (original) Replacement

Manufacture/Owner Name		Mfg Number (issued by L&I)
Address		
City	State	Zip Code
Telephone Number	Fax Number	

Contact Name	Email Address	
Signature	Phone Number	Fax Number

A non-refundable fee is due with application. Please make your check payment to: Labor & Industries.

Important: Each insignia is assigned to a specific vehicle.

1.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
Electrical Service Size /			Plumbing Fixture	
2.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
3.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
4.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
5.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
6.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$

Select how you want your insignia(s) mailed.

Total number of tags: _____

USPS mail
 Overnight at customer expense
 Other: _____
 Carrier: _____
Acct. #: _____

For Department Use Only		
Fee Ledger No.	Check No.	Amount \$
Insignia Released By	Date	To

Instructions for Application for Insignia Conversion Vendor/Medical Units

1. Enter the application date and the total fee for all insignias requested on this form.
2. Check the appropriate box for the type of insignia you are requesting.
3. Complete as much of the Manufacture/Owner information as available.
4. L&I will assign Manufacture Number upon approval of the manufacture's first plan.
5. Provide the name of the contact person requesting the insignia(s) and their contact information in case the department has questions about your application.
6. Enter the unique manufacture serial number for which an insignia is being requested. You can use the last five numbers of the vehicle identification number (VIN).
7. This box is for department use only. Leave blank.
8. 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.
9. See [WAC 296-150V-3000](#) for the current fee schedules.
10. Show the size of the electrical service to the unit.
11. Indicate the number of plumbing fixtures (not fixture units) within the building. Do not count icemakers. Count hot water heaters; hose bibs; etc.
12. Request additional insignias required for the building configuration or the other buildings.
13. Show the total number of insignias on this request. Indicate how you want insignias to be forwarded to the inspector. If requesting overnight delivery, you must give the carrier to be used and your account number to be billed.

Preparing for Inspections:

Visit www.Lni.wa.gov/TradesLicensing/FAS/Types/VendMed/ for instructions about required inspections and insignia.

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



APPLICATION FOR INSIGNIA CONVERSION VENDOR/ MEDICAL UNITS

FedEx/UPS Delivery:
 Department of Labor and Industries
 7273 Linderson Way SW
 Tumwater WA 98501-5414

A separate form is required for each unit unless multiple units have the same plan approval, addendum, and design options.

Date 1		Fee Enclosed \$	
<input type="checkbox"/> Vendor (original) 2		<input type="checkbox"/> Replacement	
Manufacture/Owner Name 3		Mfg Number (issued by L&I) 4	
Address			
City		State	Zip Code
Telephone Number		Fax Number	
Contact Name 5		Email Address	
Signature		Phone Number	Fax Number

A non-refundable fee is due with application. Please make your check payment to: Labor & Industries.

Important: Each insignia is assigned to a specific vehicle.

1.	Serial No. or VIN No. 6	Dept. Insignia No. 7	Approved Plan No. 8	Fee \$ 9
	Electrical Service Size / 10		Plumbing Fixture 11	
2.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
3.	Serial No. or VIN No.	Dept. Insignia No. 12	Approved Plan No.	Fee \$
4.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
5.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$
6.	Serial No. or VIN No.	Dept. Insignia No.	Approved Plan No.	Fee \$

13 Total number of tags: _____

Select how you want your insignia(s) mailed.

USPS mail Overnight at customer expense

Other: _____ Carrier: _____

Acct. #: _____

For Department Use Only		
Fee Ledger No.	Check No.	Amount \$
Insignia Released By	Date	To