

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



## APPLICATION FOR INSIGNIA PLAN EXEMPT FOOD TRUCKS AND CONCESSION TRAILERS

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

**A separate form is required for each food truck or concession trailer.**

|      |                    |
|------|--------------------|
| Date | Fee Enclosed<br>\$ |
|------|--------------------|

Food Truck/ Concession Trailer - New Label Request       Replacement Label Request

|                        |            |                            |
|------------------------|------------|----------------------------|
| Manufacture/Owner Name |            | Mfg Number (if applicable) |
| 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: Please complete the information below and answer each question "yes" or "no".**

|   |         |  |  |
|---|---------|--|--|
| 1.  | VIN No. | Dept. Insignia No.   | Is your truck or trailer ready for inspection? |
| Electrical Service Size (amps / voltage)<br>/                                   |         | Number of Plumbing Fixtures  |  |
| Is the truck or trailer licensed as a vehicle?                                  |         | Is there a propane or other fuel gas system?                               |  |
| Is the truck or trailer over 8'-6" wide?  |         | Is the electrical system more than 30 amps or 120 volts or 5 circuits?     |  |
| Do customers only stand on the outside of the truck or trailer?                 |         | Is there a source of alternate energy, such as fuel cells or photovoltaic? |  |
| Is there commercial cooking equipment that would require a hood or fire system? |         | Is there a bathroom in the truck/trailer?                                  |  |
| Is there cooking equipment using solid fuels, such as wood or charcoal?         |         | Does any equipment weigh over 500 pounds?                                  |  |

Select how you want  
your insignia mailed.

USPS mail

Other: \_\_\_\_\_

Overnight at customer expense

Carrier: \_\_\_\_\_

Acct. #: \_\_\_\_\_

| For Department Use Only |           |              |
|-------------------------|-----------|--------------|
| Fee Ledger No.          | Check No. | Amount<br>\$ |
| 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. Answer each of the questions "yes" or "no".
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/](http://www.Lni.wa.gov/TradesLicensing/FAS/Types/VendMed/) for instructions about required inspections and insignia.

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## APPLICATION FOR INSIGNIA CONVERSION VENDOR/ MEDICAL UNITS

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 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 <span style="float: right;">1</span>  | Fee Enclosed<br>\$  |
| <input type="checkbox"/> Vendor (original) <span style="float: right;">2</span> <input type="checkbox"/> Replacement |   |
| Manufacture/Owner Name <span style="float: right;">3</span>  | Mfg Number (issued by L&I) <span style="float: right;">4</span> |
| Address  |   |
| City   | State      Zip Code   |
| Telephone Number   | Fax Number  |
| Contact Name <span style="float: right;">5</span>  | 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. <span style="float: right;">6</span>      | Dept. Insignia No. <span style="float: right;">7</span>  | Approved Plan No. <span style="float: right;">8</span> | Fee <span style="float: right;">9</span> |
|----|---|--|--|--|
|    | Electrical Service Size / <span style="float: right;">10</span> |  | Plumbing Fixture <span style="float: right;">11</span> |  |
| 2. | Serial No. or VIN No.   | Dept. Insignia No.                                       | Approved Plan No.                                      | Fee<br>\$                                |
| 3. | Serial No. or VIN No.   | Dept. Insignia No. <span style="float: right;">12</span> | Approved Plan No.                                      | Fee<br>\$                                |
| 4. | Serial No. or VIN No.   | Dept. Insignia No.                                       | Approved Plan No.                                      | Fee<br>\$                                |
| 5. | Serial No. or VIN No.   | Dept. Insignia No.                                       | Approved Plan No.                                      | Fee<br>\$                                |
| 6. | Serial No. or VIN No.   | Dept. Insignia No.                                       | Approved Plan No.                                      | Fee<br>\$                                |

Total number of tags: 13 \_\_\_\_\_

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<br>\$ |
| Insignia Released By    | Date      | To           |