



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia, WA 98507-9034
 360-705-6741

UBI
Owner name

Agriculture Addendum

This supplemental form may only be submitted as an attachment to the Business License 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
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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:

Garden center Propagation/production Landscaper Landscape supplier Florist

2. Are you propagating plant material? Yes No

3. Do you ship plant materials out of Washington? Yes No

4. Do you propagate Chaenomeles, Crataegus, Cydonia, Malus, Prunus, Pyrus, Sorbus or Vitis? Yes No

D Egg Dealers and Handlers – For information about egg dealer/handler requirements visit dor.wa.gov/eggdealer

Does your operation have fewer than 3,000 laying chickens, or only produces eggs and/or egg products from turkeys, ducks, geese, guineas, or fowl other than domestic chickens? Yes No

If you selected "No" above, check the box below that applies.

I understand that it is my responsibility to ensure, and I have determined, that either no eggs come from **facilities built before January 1, 2012**, or all eggs and egg products provided in intrastate commerce that are produced by commercial egg layer operations built before January 1, 2012, have current certification under the 2010 version of the United Egg Producers (UEP) animal husbandry guidelines, a subsequent version of the UEP guidelines, or an equivalent version. Additionally, if eggs come from these facilities, I certify that I understand and meet the applicable standards of all the requirements of RCW 69.25.065.

Note: An equivalent version may include American Humane Association (AHA) facility system plan and audit protocol for enriched colony housing.

Name the equivalent version (if applicable): _____

I understand that it is my responsibility to ensure, and I have determined, that either no eggs come from **facilities built on or after January 1, 2012**, or all eggs and egg products provided in intrastate commerce that are produced by commercial egg layer operations built on or after January 1, 2012, are approved under American Humane Association (AHA) facility system plan and audit protocol for enriched colony housing in effect on January 1, 2011, or a subsequent version of the AHA. Additionally, if eggs come from these facilities, I certify that I understand and meet the applicable standards of all the requirements of RCW 69.25.065.

For assistance or to ask about the availability of this document in an alternate format, please call 360-705-6741. Teletype (TTY) users may use the Washington State Relay Service by calling 711.