

Temporary Authorization Permits Application

VALIDATION AREA — DO NOT WRITE IN THIS AREA

NAME OF FIRM/PERSON		
STREET ADDRESS		
PO BOX (If applicable)		
CITY, STATE, ZIP CODE		
DATE	PRORATE NUMBER	FLEET NUMBER

FOR STATE OFFICE USE ONLY	
BATCH NUMBER	
DATE MAILED	
PERMIT NUMBER BEGINNING	PERMIT NUMBER ENDING
TOTAL PERMITS ISSUED	
BY	

I (We) hereby make application to obtain and use **Temporary Authorization Permits (TAP's)**.

I (We) agree to abide by the procedures, rules and regulations governing the use and issuance of these permits as stated in the Washington Administrative Code (WAC 308-91-080).

I (We) agree to return all unused **TAP's** at such time as we are no longer prorated in the state of Washington or our account fails to meet the minimum requirements as stated in WAC 308-91-080.

TAP's are available at a cost of \$2.00 each.

Total number of **TAP's** requested:

Total amount remitted:

By _____
SIGNATURE OF REGISTERED OWNER OR OFFICIAL OF COMPANY

Title _____