



Washington State Department of  
**Labor & Industries**  
 Factory Assembled Structures  
 PO Box 44430  
 Olympia WA 98504-4430

# Insignia Application for Food Trucks and Concession Trailers That Do Not Require Plans

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

Date	Fee Enclosed \$
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Food Truck / Concession Trailer – New Label Request       Replacement Label Request

Manufacturer / Owner Name		Mfg. Number (if applicable)
Inspection Site Address		
City	State	Zip Code
Phone Number	Fax Number	
Contact Name	Email Address	
Phone Number	Fax Number	
Signature		

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

**Complete all of the requested information below. Your insignia will be sent to your L&I inspector.**

VIN Number		
Electrical Service Size (amps / voltage)	Number of Plumbing Fixtures	
Is the truck / trailer over 8" – 6' wide?	<input type="checkbox"/> Yes**	<input type="checkbox"/> No
Is there a propane or other fuel gas system?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is the electrical system more than 30 amps?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Do customers only stand on the outside of the truck / trailer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No**
Is there a source of alternate energy such as fuel cells or photovoltaic?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is there commercial cooking equipment that would require a hood or fire system?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is there a bathroom in the truck / trailer?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is there cooking equipment using solid fuels such as wood or charcoal?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Does any equipment weigh over 500 pounds?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is there a dedicated source of electric heat / AC rated at over 120v?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

\*Important: Plan review is required if you answered "Yes" to any of these questions.

\*\*See Vendor Unit Definition – [WAC 296-150V-0020](#)

For Department Use Only		
Department Insignia Number	Application ID	Plan Approval Number
Fee Ledger Number	Check Number	Amount \$
Insignia Released By	Date	To