

## WORKING HORSE PERMIT APPLICATION

Applications for a Working Horse Permit should be submitted at least 30 days prior to anticipated movement. Permits are issued in accordance with Chapter 3, Article 6, Section 9641.6 of the Food and Agricultural Code.

- (a) *The director may issue a permit, valid for January 1 and renewable on or before January 1 of each year thereafter, that exempts any working horse from the requirements of Section 9641.5 under all of the following conditions:*
- (1) *The applicant owns or operates a business or businesses located in both this state and in another state in which horses are used in the operation of the business or businesses.*
  - (2) *The horse is moved across the state border from one business location to the other.*
- (b) *The director may require the applicant to furnish any information that the director determines to be necessary as part of the application process.*
- (c) *“Working horse” means a horse used for livestock husbandry or for other ranch-related activities.*

Note: Horses consigned for show, sale, pleasure, breeding, competition or racing are excluded.

**I have read the code and agree to the terms of the code for the working horse permit.**

\_\_\_\_\_  
SIGNATURE OF HORSE OWNER / APPLICANT

\_\_\_\_\_  
DATE

Permit is requested for\*: January 1 - December 31, \_\_\_\_\_

*\*Permit expires at the end of the current calendar year or 12 months from the EIA blood draw date, whichever comes first.*

HORSE(S):

	Name	Age	Sex	Breed	EIA Draw Date
1					
2					
3					
4					
5					
6					

**Attach a legible copy of the negative Equine Infectious Anemia (EIA) Laboratory Test result for each horse on the application.**



**WORKING HORSE PERMIT APPLICATION - CONTINUED**

CALIFORNIA RANCH/BUSINESS LOCATION:

Ranch Name: \_\_\_\_\_ Ranch Owner: \_\_\_\_\_

Ranch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

OUT-OF-STATE RANCH/BUSINESS LOCATION:

Ranch Name: \_\_\_\_\_ Ranch Owner: \_\_\_\_\_

Ranch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION, EIA TEST RESULTS, AND ASSOCIATED DOCUMENTS TO:**

**California Department of Food and Agriculture  
Animal Health Branch  
Livestock Movement  
1220 "N" Street  
Sacramento, California 95814**

**Fax: (916) 900-5333  
Email: [evet@cdfa.ca.gov](mailto:evet@cdfa.ca.gov)** AHB 76-208 (Rev 11/21)

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**\*\*\*\*\*CDFA Business Use Only\*\*\*\*\***

**Received**

**Verified**



### WORKING HORSE PERMIT APPLICATION STATEMENT

**(To be completed if Lease Agreement or current Pasture-to-Pasture Permit is not provided)**

**CALIFORNIA RANCH/BUSINESS:**

Ranch Name: \_\_\_\_\_ Ranch Owner: \_\_\_\_\_

Herd Size: Cows \_\_\_\_\_ Heifers \_\_\_\_\_ Calves \_\_\_\_\_ Steers \_\_\_\_\_ Bulls \_\_\_\_\_

Type of work horse(s) perform:

Approximate number of California ranch visits your horse(s) make annually: \_\_\_\_\_

**OUT-OF-STATE RANCH/BUSINESS:**

Ranch Name: \_\_\_\_\_ Ranch Owner: \_\_\_\_\_

Herd Size: Cows \_\_\_\_\_ Heifers \_\_\_\_\_ Calves \_\_\_\_\_ Steers \_\_\_\_\_ Bulls \_\_\_\_\_

Type of work horse(s) perform:

Approximate number of out-of-state ranch visits your horse(s) make annually: \_\_\_\_\_

**I certify the ranch/business information is complete and accurate.**

Completed by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

