



EGG HANDLER AND PRODUCER REGISTRATION RENEWAL FORM
517-004b (Rev. 8/19)

DEPARTMENTAL USE ONLY	
Handler Code:	Expiration Date:

Section 1: Applicant Information

Business Name:

Premise Address: Street **City:** **State:** **Zip:**

Mailing Address: Street **City:** **State:** **Zip:**

Business Phone: **Business Fax:** **Business Website:**

Contact Person: **Contact Phone:** **Email:**

Section 2: Business Information

Business Type:(Check Applicable Boxes)

Producer ONLY
 Packer ONLY
 Producer/Packer
 Distributor/Wholesale
 Broker
 Breaker
 Hatchery
 Other:

Business Entity:
 Individual
 Partnership
 Corporation
 LLC
 LLP

Owners/Members of Partnership/Officers of Corporation	Title	Address	Phone Number

Section 3: Flock/Egg Information

Egg Product Type(s): (Check Applicable Boxes)
 Shell Eggs
 Liquid Eggs
 Dry Eggs

USDA Grading Program? P-

Species of Fowl:	Chicken	Duck	Quail	Other:
Amount of Laying Flock:				<input type="text"/>
Cases of Shell Eggs Graded/Produced/Handled Monthly: (1 case = 30 Dozen Shell Eggs)				
Cases of Liquid Egg Products Processed/Handled Monthly: (1 Case = 40 lb Liquid Egg Product)				
Cases of Dry Egg Products Processed/Handled Monthly: (1 Case = 9 lb Dry Egg Product)				

Do you sell organic eggs? Yes No
 If yes, CA Organic Registration # , USDA Certification #

Do you produce Special Requirement Eggs? Yes No
 If yes, list type(s):

Section 4: Mill Fee Responsibility *Refer to FAC Section 27551

- Do you sell ALL your eggs to consumers on your premises? Yes No
 Do you purchase eggs/products from out-of-state egg handlers? Yes No
 Do you sell eggs/products to retailers or distributors/brokers? Yes No
 Do you import eggs/products into the State of California? Yes No
 Do you purchase eggs/products from in-state producers? Yes No
 Do you sell or plan to sell at Certified Farmers Markets? Yes No

If yes, list County(s):

Is another egg handler paying the mill fee for you? Yes No

If yes, *please submit with your application, a letterhead proof from each payer.*

Fill out the name of business, handler code (if known), and approximate number of cases each company is paying for monthly (use additional paper if needed)

Handler Code	Name and Address	Approx. Cases

Am I paying for someone's mill fee? Yes No

If yes, provide the name of business, handler code (if known), and approximate number of cases you will be paying for monthly (use additional paper if needed)

Handler Code	Name and Address	Approx. Cases

Section 5: California Designee Information (Out-of-State Registrants) *Refer to FAC Section 27685

Resident Agent Name:

Resident Agent Address:

City:

State:

Zip:

Resident Agent Phone Number:

E-mail Address:

Section 6: Registration Cancellation

Are you cancelling your egg handler registration? Yes No

Please give us a call stating the reason, or provide a brief cancellation note with this form. Sign, date, and return this form with the enclosed envelope.

Registration Fees:

Required Fee:

Registration Renewal Fee \$50

Late Fee – Renewing After Expiration Date:

Penalty Fee \$25

Total Fees: \$

Complete and make remittance payable to:

Egg Safety and Quality Management

CASHIER, CDFA

P.O. Box 942872

Sacramento, CA 94271

***Check or money orders only**

All Registrations expire at the end of the calendar year regardless of when payment was received.

* The application must be signed by an owner, a member of the partnership, or an officer of the corporation under penalty of perjury and submitted with an original signature. By signing this registration form, you declare that you understand all laws and regulations relating to the preparation for market and marketing of shell eggs and/or egg products in the State of California and that all information is complete, accurate, and truthful.

Signature

Print Name

Date