

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

Phone: (916) 900-5004, Fax: (916) 900-5334

79-121 (Rev. 09/13)

Mail, Fax or E-mail the completed and signed form to the Meat and Poultry Inspection Branch.

PERMIT REQUEST TO DISPOSE OF CARCASS(ES) AT A LANDFILL

California Food and Agricultural Code Section 19348(b): The secretary may issue a master or individual permit to a licensed renderer, collection center, or dead animal hauler for the purpose of authorizing transport of a dead animal to an appropriately permitted landfill under either of the following circumstances:

- (1) During a proclaimed state of emergency or local emergency, as defined in subdivisions (b) and (c) of Section 8558 of the Government Code.
- (2) When the licensed hauler has certification from a licensed renderer, that the licensed renderer cannot process the dead animal due to operational conditions or legal or regulatory requirements or constraints. The certification shall be in a form approved by the department and, for purposes of this paragraph, "licensed hauler" shall include licensed collection centers and renderers.

A. RENDERER

Business Name _____ CDFA License # _____

Street Address _____

City _____ State _____ Zipcode _____

Phone Number _____ Fax Number _____

**B. RENDERER/COLLECTION CENTER/
DEAD ANIMAL HAULER Transporting Carcass(es)**

Name _____

CDFA License # _____

Owner/Operator _____

Address _____

Phone Number _____

Fax Number _____

C. CARCASS LOCATION

Business Name _____

Owner/Operator Name _____

Address _____

Phone Number _____

Fax Number _____

D. CARCASS(ES)

Species and Number: Cattle _____ Swine _____ Sheep _____ Goats _____ Equine _____

E. REASON WHY RENDERER WILL NOT PROCESS CARCASS(ES) Check appropriate box INSUFFICIENT RENDERING CAPACITY EXCESSIVE DECOMPOSITION BOVINE OVER 30 MONTHS OF AGE FULL DEAD ANIMAL HAULING VEHICLE EQUIPMENT MALFUNCTION REMOTE GEOGRAPHIC LOCATION OTHER (Specify) _____**F. LANDFILL**

Name _____

Street Address _____

City _____ State _____ Zipcode _____

Phone Number _____

G. DATE OF PROPOSED DELIVERY TO LANDFILL:**TO BE COMPLETED BY RENDERER**

SIGNATURE

TITLE

DATE

TO BE COMPLETED BY DEAD ANIMAL HAULER

SIGNATURE

TITLE

DATE