STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
COUNTY LICENSING PROGRAM

**NOTICE OF TIME AND PLACE OF WRITTEN EXAMINATION**
13-068 (Revised 8/22/08)

**EXAMINATION TITLE(S):**

- ☐ COUNTY AGRICULTURAL COMMISSIONER
- ☐ DEPUTY COUNTY AGRICULTURAL COMMISSIONER
- ☐ COUNTY SEALER OF WEIGHTS & MEASURES
- ☐ DEPUTY COUNTY SEALER OF WEIGHTS & MEASURES

| ***(IDENTIFICATION NUMBER)*** |
|---|
| |
| ***(LEAVE BLANK)*** |

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**THIS CARD MUST BE PRESENTED AT TIME OF EXAM FOR ADMITTANCE**

***(PERSONAL CALCULATORS MAY BE USED IN EXAMINATIONS)***

*(SEE REVERSE SIDE FOR TIME AND PLACE OF EXAMINATION)*

*Fold*

*Fold*

California Department of Food and Agriculture
County Licensing Program
1220 N Street, Room 435
Sacramento, CA 95814