



EGG HANDLER AND PRODUCER REGISTRATION FORM

517-004a (Rev. 12/20)

DEPARTMENTAL USE ONLY

Handler Code Initials

CA-	
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Billing Type: Monthly | Annual | Exempt

Section 1: Applicant Information

Business Name:		Business Phone:	
Premise Address: Street	City:	State:	Zip:
Mailing Address: Street	City:	State:	Zip:
Contact Person:	Contact Phone:	Contact E-mail:	

Section 2: Business Information

Business Type: (Check Applicable Boxes)

<input type="checkbox"/> Producer ONLY	<input type="checkbox"/> Packer ONLY	<input type="checkbox"/> Producer/Packer	<input type="checkbox"/> Distributor/Wholesale
<input type="checkbox"/> Broker	<input type="checkbox"/> Breaker	<input type="checkbox"/> 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- _____

Flock Information:

Species of Fowl:	Chicken	Duck	Quail	Other
Approximate Amount of Laying Flock				
Approx. Cases of Shell Eggs Graded/Produced/Handled Monthly: (1 Case = 30 Dozen Shell Eggs)				
Approx. Cases of Liquid Egg Products Processed/Handled Monthly: (1 Case = 40 lb Liquid Eggs)				
Approx. Cases of Dry Egg Products Processed/Handled Monthly: (1 Case = 9 lb Dry Eggs)				

Organic Eggs: For more info, visit <https://organic.cdfa.ca.gov/OrganicReg/>

CA Organic Registration Number:	USDA Certification Number:
Special Requirement Eggs: (i.e. Higher omega, pasture raised, cage free, free range, balut, etc.)	

Section 4: Mill Fee Responsibility

Do you sell ALL your eggs to consumer on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you purchase eggs/products from out-of-state egg handlers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell eggs/products to retailers or distributors/brokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you import eggs/products into the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you purchase eggs/products from in-state producers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell or plan to sell at Certified Farmers Markets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list county(s):

If another egg handler is paying the mill fee for you, *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

If you are paying for someone's mill fee, 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 (applies to Out-of-State Registrants only)

Resident Agent Name:			
Resident Agent Address:	City:	State:	Zip:
Resident Agent Phone Number:	E-mail Address:		

Registration Fees:

Required Fee:	
Registration Renewal Fee	\$75
Optional Fee:	
Inspection Manual	\$15
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