



California Department of Food and Agriculture
Animal Health Branch
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916-900-5002
SFSpermits@cdfa.ca.gov
cdfa.ca.gov/go/poultrybiosecurity

**Company Information Form
General Information**

Farm/Grower Name: _____ NPIN*: _____

Company Affiliation (if applicable): _____

Processing Plant (if applicable): _____

Mailing Address: _____

*If you do not have a National Premises Identification Number (NPIN), please contact your district office to obtain one.

Contact Information

Primary contact for biosecurity auditing: _____ Title: _____

Phone: _____ Email: _____

Other contact #1: _____ Title: _____

Phone: _____ Email: _____

Other contact #2: _____ Title: _____

Phone: _____ Email: _____

Prior to this letter, were you aware of the 14 Biosecurity principles? Yes No

Do you have a written biosecurity plan in place? Yes No

Could you be ready for an audit in the next 3 months? Yes No

Premises Information on back

