

California Department of Food and Agriculture Animal Health Branch

1220 N Street Sacramento, CA 95814 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 co Contact Information	ntact your district office to obtain one.
Primary contact for biosecurity auditing:	Title:
Phone: Email:	
Other contact #1: Tit	e:
Phone: Email:	
Other contact #2: Tit	e:
Phone: Email:	
Prior to this letter, were you aware of the 14 Biosecurity princip	oles? 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



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Premises Information

List all premises associated with this operation (attach separate list if necessary):

Name	Street Address, City, State	# of	# of birds	Type of Premises	Species (chicken,
		barns	raised per	(brood, grow/	turkey, upland
		on site	year	finish, lay, etc.)	gamebird, etc.)
·					
Form completed by:			Date:		
Signature					

Form completed by:		Date:		
. ,	Signature			
	Printed Name			

Please return completed form to: SFSpermits@cdfa.ca.gov