

State of California
 Department of Food and Agriculture
 517-016 (Rev. 5/16)
 Egg Safety and Quality Management Program

Complete and Return or fax to:

Egg Safety and Quality
 Management Program
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5359 Fax

Egg Mill Fee Exemption Statement

I hereby certify that all my egg sales or purchases are to or from egg handlers only. They remit the fee for my total production or purchases, thereby exempting my firm from filing the Mill Fee Assessment Report required by the California Code of Regulations.

PLEASE FILL OUT BOTH SECTIONS COMPLETELY

Section 1:

Listed below are the names of the egg handlers from / to whom eggs are purchased or sold:

Approx. Volume (30 doz. cases)	Frequency	(Check one)	Name of Dealer	Address
	Monthly	<input type="checkbox"/> Sold to <input type="checkbox"/> Purchased from		
	Monthly	<input type="checkbox"/> Sold to <input type="checkbox"/> Purchased from		
	Monthly	<input type="checkbox"/> Sold to <input type="checkbox"/> Purchased from		

Section 2:

Check if applicable:

- All eggs sold on my property, flock size of 500 hens or less.
- Sell eggs at Farmers Markets or retail outlets.
- Fees paid for by another company (Include letter by paying company, on official letterhead, as proof of payment)

It is understood that if the status of my firm changes in such a way to make this claim for exemption invalid, I will immediately notify the Egg Safety and Quality Management Program in order that they can provide me with the necessary forms to submit any mill fee, as required by law.

Signature of Authorized Representative _____ Title _____ Date _____

Print Name _____ Telephone Number _____