

Egg Safety and Quality Management Program 1220 N Street, Sacramento, CA 95814 Phone: (916) 900-5062 | Fax: (916) 900-5359 E-mail: CDFA.ESQM_inquiries@cdfa.ca.gov

EGG HANDLER AND PRODUCER REGISTRATION RENEWAL FORM

517-004b (Rev. 01/21)

REQUIRED FIELD								
Handler Code: CA-	Expiration Date:							

					<u>[</u>						
Section 1: Applicant I	Informa	 ation									
Business Name:				_			Business Phone:				
Premise Address: Street				City:			tate:	Zip:			
Mailing Address: Street				City:			tate:	Zip:			
Contact Domesti	Canta	at Dhana		Cantant	:						
Contact Person:	Contact Person: Contact Phone:			Contact E-mail:							
Section 2: Business Ir		 tion									
Business Type: (Check Applicable Boxes) Producer ONLY Packer ONLY				Producer/Packer D			Distributor/Wholesale				
	Packer ONLY						Distributor/ writolesale				
Broker Breaker Hatchery					4	Other:					
Business Entity:	Individua	I Partners	ship [Corpo	oration LI	LC	LLP				
Owners/Members of				Address Phone Numbe			har				
Partnership/Officers of Corporation Title			Address			Thore Number					
Section 3: Flock/Egg	Informa	ation									
Egg Product Type(s): (Check A		· —	ell Eggs		Liquid Eggs	S	Dry Eg	gs			
USDA Grading Program? P											
Flock Information: Species of Fowl:		Chic	nicken Duck			Quail	Other				
Approximate Amount of Laying Floor	 :k		Cilic	Ken	Duck		Quali	Other			
	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)	inia leature e	//	/0	- ni-Do-/							
Organic Eggs: For more info, v	isit <u>nttps:/</u>	<u>//organic.cora.ca.</u>	gov/Orga		ertification Number:						
				002.10							
Special Requirement Eggs: (i.e. High	ner omega, p	asture raised, cage fre	ee, free ran	ıge, balut, e	etc.						

Section 4: N	Iill Fee Resp	onsibility							
Do you sell ALL yo	our eggs to consum		Do you purchase eggs/products from out-of-state egg handlers? Yes No						
Do you sell eggs/p	products to retaile	Do you im	Do you import eggs/products into the State of California? Yes No						
Do you purchase eggs/products from in-state producers? Yes No			Do you sel Yes	Do you sell or plan to sell at Certified Farmers Markets? Yes No If yes, list county(s):					
	ness, handler cod	ne mill fee for you, <i>please</i> de (if known), and approx							
Handler Code	Name and Add	ress		Appr	Approx. Cases				
	Name and Address								
you will be paying	g for monthly (us	ill fee, provide the name e additional paper if nee	•	er code (if known), and approxi	mate number of cases			
Handler Code	Name and Add	ress		Appr	ox. Cases				
Resident Agent Nan	ne:	signee Informatio		Out-or-State					
Resident Agent Add	ress:		City:		State:	Zip:			
Resident Agent Pho	ne Number:		E-mail Address:						
Section 6: Ro	_								
-	-	stration, please give us n this form with the en	_	-	ide a briet ca	incellation note with			
	uate, and retur								
Registration	Fees:			Complete 31	nd make rem	ittance navable to:			
Required Fee:				Complete and make remittand Egg Safety and Quality Manag					
-	Registration Renewal Fee \$50			CASHIER, CE	5				
Total Fees:		\$50		P.O. Box 942	•				
				Sacramento, CA 94271					
		end of the <u>calendar ye</u> sidered a new registra			was received	d. Payments received			
perjury and submregulations relati	litted with an ori	by an owner, a member og ginal signature. By signing ation for market and mar ccurate, and truthful.	g this registration f	orm, you declare	that you unde	erstand all laws and			
Signature		Print	Name			 Date			