

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

(916) 900-5004

79-020 (Rev 04/18)

Date _____

DRIVER/VEHICLE IDENTIFICATION FOR COLLECTION CENTERS*Please Print or Type*

| | | |
|--|-------------------------|------------|
| Name of Business | Phone Number | FAX Number |
| Mailing Address | Location (if different) | |
| City, State, Zipcode | City, County, Zipcode | |
| Contact Person(s) - Please Print or Type | | |

Use Additional Sheets if Necessary to Answer the Following Information:

| Drivers' Name | Drivers' License Number | Drivers' Name | Drivers' License Number |
|---------------|-------------------------|---------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

LICENSE PLATE NUMBERS OF VEHICLES

| YEAR | MAKE | MODEL | LICENSE # |
|------|------|-------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Destination of Grease (Rendering Company or other approved location)

Name of Destination _____

Address of Destination _____

Destination of Animal Parts, Packing House Waste, or Carcasses (Rendering Company or other approved location)

Name of Destination _____

Address of Destination _____

*Obtaining all information requested is mandatory and required before a license can be issued according to requirements in Division 9 of the California Food and Agricultural Code.

*Any change in the information contained in the license or registration application shall be reported in writing to the Meat, Poultry and Egg Safety Branch within (10) business days of such change.

*Providing false information on applications for licenses or registration application shall be a violation and shall be justification for denial of an application.

*I declare under penalty of perjury that the information provided on this application is true and accurate to the best of

Printed Name of Applicant _____

Signature of Applicant _____ Title _____