



**STATE of CALIFORNIA**  
 California Department of Food and Agriculture  
 Animal Health and Food Safety Services  
 Animal Care Program

**DISTRIBUTOR REGISTRATION APPLICATION**

**CDFA FORM**  
**ACP-73-002**  
**REV. 12/2022**

DEPARTMENTAL USE ONLY				
DATE RECEIVED	ENTERED BY	APP STATUS	DATE ISSUED	REGISTRATION NUMBER
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>AC</b>

*Submit a completed application via email, postal mail, fax, or in-person using contact information listed at the bottom of this application.*

**Section 1: Registration Type**

A separate Distributor Registration Application is required for each facility location from which covered product is distributed to an end-user. If multiple covered products are distributed from one facility location, one form can be completed with multiple covered product boxes checked.

Application Type (Check One):

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> APPLICATION RENEWAL	<input type="checkbox"/> UPDATE CONTACT INFO
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Covered Product Distributed (Check All Applicable Boxes):

<input type="checkbox"/> SHELL EGGS	<input type="checkbox"/> LIQUID EGGS	<input type="checkbox"/> VEAL MEAT	<input type="checkbox"/> PORK MEAT
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**Section 2: Applicant Information**

Contact Information:

Business Name:		Business Phone Number:		Business Email:	
Facility Address:		City:		State:	Zip Code:
Mailing Address (If different from facility address):		City:		State:	Zip Code:
Business URL (If available):			Federal Tax ID Number:		
Person Authorized to Act on the Applicant's Behalf (Name):		Phone Number:		Email:	
Additional Contact Name (Optional):		Phone Number:		Email:	

**Registration expires 12 months from date of issue.**

By signing this application, you declare that all information is complete, accurate, and truthful.

Signature:	Print Name:
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Job Title:	Date:
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