



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

**CDFA FORM
 ACP-73-003
 EST. 10/2022**

DEPARTMENTAL USE ONLY					
DATE RECEIVED	ENTERED BY	DATE OF ON-SITE INSPECTION	APP STATUS	DATE ISSUED	CERTIFICATE NUMBER
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		CC

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

Section 1: Applicant Information

Application Type (Check One):

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> APPLICATION RENEWAL	<input type="checkbox"/> UPDATE CONTACT INFO
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Contact Information:

Business Name:		Business Phone Number:		Business Email:	
Physical Address:		City:		State:	Zip Code:
Mailing Address (if different from physical address):		City:		State:	Zip Code:
Authorized Person to Act on the Applicant's Behalf (Name):		Phone Number:		Email:	
Secondary Contact (Optional):		Phone Number:		Email:	

Section 2: Operation Information

Is this Application for a Split Operation: YES NO

If "Yes" is selected above, describe management practices, physical barriers, and Standard Operating Procedures (SOP's) to prevent commingling of covered animals or covered products. Attach additional pages if necessary.

Type of Facility to be Certified: EGG-LAYING HEN PRODUCER VEAL CALF PRODUCER
 BREEDING PIG PRODUCER DISTRIBUTOR

If facility to be certified is a producer operation, describe the confinement system at the facility, such as the number of enclosures, size of enclosures and maximum number of covered animals to be housed in each. **If the facility to be certified is a distributor operation**, enter the types of products to be sold: 1) Shell Eggs, (2) Liquid Eggs, (3) Veal Meat or (4) Pork Meat. Attach additional pages if necessary.

Section 3: Previous Certifications

If the applicant has submitted previous application(s) for certification(s) related to [Title 3 of the California Code of Regulations \(CCR\) §§ 1326-1326.22](#), attach document(s) that describes the following when submitting this application: The name(s) of any certifying agent(s) to which an application was previously submitted, year(s) the application(s) were submitted, the outcome of application submission(s), copy of any notification of noncompliance, denial or revocation of certification issued to the applicant for certification, and a description of actions taken by the applicant to correct the noncompliance noted in the notification of noncompliance, including evidence of such correction.

By signing this application, as the authorized person to act on the applicant's behalf, you agree to comply with [Health and Safety Code §§ 25990-25994](#) and [3 CCR §§ 1320-1327.3](#) including on-site inspections. **Certification is renewed annually.**

Signature:		Print Name:	
Job Title:		Date:	