



CONTINUED CERTIFICATION APPLICATION

DEPARTMENTAL USE ONLY				
DATE RECEIVED	ENTERED BY	DATE OF ON-SITE INSPECTION	APP STATUS	DATE OF CERTIFICATION DECISION
			<input type="checkbox"/> Approved <input type="checkbox"/> Other	

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

APPLICATION TYPE (Check One):		
CERTIFICATION NUMBER: CC	<input type="checkbox"/> CONTINUED CERTIFICATION Complete All Sections	<input type="checkbox"/> UPDATE CONTACT INFO Complete Section 1

Section 1: Applicant Information

Legal Business Name (include any Doing Business As (DBA) and Fictitious Business Name (FBN) currently used):			
Phone Number:	Email:		
Mailing Address:	City:	Zip Code:	Country:
Contact Person Name:	Phone Number:	Email:	

If the applicant is a corporation, complete the following:

Name of Person Authorized to Act on Applicant's Behalf:	Authorized Person's Phone Number:	Authorized Person's Email:
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Provide information for the authorized representative of the operation to be present during the on-site inspection:

Name of Authorized Representative:	Authorized Representative's Phone Number:	Authorized Representative's Email:
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To be signed by an owner, a member of the partnership, or an officer of the corporation:

By signing this application, you declare that all information is complete, accurate, and truthful, and you agree to comply with [Health and Safety Code §§ 25990-25994](#) and [Title 3 of the California Code of Regulations \(CCR\) §§ 1320-1327.3](#), including **on-site inspections**. An on-site inspection is required for certification to be continued. **Certification is renewed annually.**

Position/Job Title:	Date:
Printed Name:	Signature:

Section 2: Certified Producer Applicants

Are you seeking continued certification as an egg producer, veal producer, or pork producer, as defined in 3 CCR §§ 1320 (m), 1321 (dd), 1322 (u) , respectively?	<input type="checkbox"/> Yes - complete this section <input type="checkbox"/> No - Skip this Section
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If yes to the previous question, indicate which covered animal(s) are present at the facility to be certified.

- EGG LAYING HENS
- VEAL CALVES
- BREEDING PIGS

Are any of the covered animals selected new at this facility and were not present during your last certification?

- YES
- NO

If yes to the previous question, list the new covered animals which are to be added to the certification:



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Section 2: Certified Producer Applicants (continued)

Provide an update on the correction of any noncompliance previously identified by the Animal Care Program as requiring correction for continued certification, if applicable. Attach additional pages if necessary.

Provide a description of the type and quantity of covered animals kept at the location for continued certification. Attach additional pages if necessary.

Provide a description of animal confinement system used at this operation, including: number of enclosures where covered animals are kept, usable floorspace per enclosure, and the maximum number of animals that can be housed in each enclosure. An enclosure is a structure (such as a cage, crate, pen) used to confine a covered animal or animals. Attach additional pages if necessary.

Are all covered animals kept at the location of the mailing address provided in Section 1?: [] Yes [] No - provide physical address
(A separate application is required for each location where covered animals are kept)
Covered animals must be present during the certification on-site inspection.

Physical Address: City: State: Zip Code:

Is this application for a Split Operation, as defined in 3 CCR § 1326 (y)? [] Yes - complete next section [] No

If a Split Operation, describe the management practices, physical barriers, and Standard Operating Procedures (SOPs) to prevent commingling of compliant and noncompliant covered animals and covered product(s). Attach additional pages if necessary.



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Section 3: Certified Distributor Applicants

Are you seeking continued certification as a certified egg distributor, veal distributor, or pork distributor, as defined in 3 CCR §§ 1320 (k), 1321 (cc), 1322 (t), respectively?

- Yes - complete this section
No - Skip this Section

If yes to the previous question, which covered products are you seeking certification?

- LIQUID EGGS
SHELL EGGS
WHOLE VEAL MEAT
WHOLE PORK MEAT

Are any of the covered products selected above different from your current certification?

- YES
NO

If yes to the previous question, provide a brief summary of the covered product changes:

Provide an update on the correction of any noncompliance previously identified by the Animal Care Program as requiring correction for continued certification, if applicable. Attach additional pages if necessary.

Provide a description of the types and quantities of covered product(s). Attach additional sheets if necessary.

Does the business operate at the same mailing address as provided in Section 1?

- Yes
No - provide physical address

Physical Address:

City:

State:

Zip Code:

Is this application for a Split Operation, as defined in 3 CCR § 1326 (y)?

- Yes - complete next section
No

If a Split Operation, describe management practices, physical barriers, and Standard Operating Procedures (SOPs) to prevent commingling of compliant and noncompliant covered product(s). If not a split operation, leave question blank or enter "N/A". Attach additional pages if necessary.