

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-005A (Rev. 09/20)

Office Use Only:

Establishment #: _____

Date Issued: _____

DEAD ANIMAL HAULER LICENSE APPLICATION**FEE \$100.00 per vehicle**☐ New☐ Renewal

In accordance with Article 2, Chapter 5, Part 3, Division 9, of the California Food and Agricultural Code (FAC), application is hereby made for a license to operate a Dead Animal Hauler.

Please Print or Type

Name of Business:		Phone Number:
Mailing Address (City, County, Zipcode):		
Location Address (City, County, Zipcode): <i>if different from Mailing Address</i>		
Name of Contact Person:	Title:	Contact Person E-mail Address:
Describe your service area, either by identifying the counties you will travel to, or by stating "within xx miles" of your business location:		
Animal Type (check all that apply): <input type="checkbox"/> Canine/Feline <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Goat <input type="checkbox"/> Equine <input type="checkbox"/> Cattle <input type="checkbox"/> Other:		

*****Pursuant to FAC 19348(a), all carcasses shall be transported to a licensed renderer or collection center.*****

Name of Renderer:	Phone Number:
Address (City, County, Zipcode):	

VEHICLE INFORMATION

Select One	Year/Make	Model	License Number
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer			
<input type="checkbox"/> Truck <input type="checkbox"/> Trailer			

*Attach digital photographs of each vehicle showing front, rear, and both side views. Additional vehicles may be submitted on a separate page.

*All information requested on this application is required before a license may be issued in accordance with the requirements stated in Division 9 of the Food and Agricultural Code. Any changes to the information contained on the license or this application shall be reported in writing to Rendering@cdfa.ca.gov within ten business days.

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

Printed Name of Authorized Representative_____
Title of Authorized Representative_____
Signature of Authorized Representative_____
Date

Mail application and fee to: Department of Food and Agriculture, 1220 N Street, Sacramento, CA 95814.

Please make check payable to: CDFA L 90101

If you have any questions, please contact rendering program at Rendering@cdfa.ca.gov