

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-012A(1) (Rev. 09/20)

Office Use Only:

Establishment #: _____

Date Issued: _____

INEDIBLE KITCHEN GREASE TRANSPORTER REGISTRATION APPLICATION**PERSONAL USE****TOTAL FEE: \$375** New Renewal

In accordance with Sections 19215 - 19316 of the California Food and Agricultural Code (FAC), application is hereby made for a license to operate as an Inedible Kitchen Grease (IKG) Transporter.

*Pursuant to FAC Section 19303(b) – 19306, IKG records shall be maintained and made available for two years.

*Pursuant to FAC Section 19310(c), IKG Transporters shall maintain proof of liability insurance or a surety bond of not less than \$2 million. IKG Transporters operating only one vehicle, with a gross vehicle weight rating of less than 10,000 pounds, must maintain proof of liability or a surety bond of not less than \$1 million.

Please Print or Type

Name of Business:	Phone Number:	Independently Owned & Operated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (City, County, Zipcode):		
Location Address (City, County, Zipcode): <i>if different from Mailing Address</i>		
Name of Owner:	Owner's E-mail:	
Name of Applicant/Contact Person(s) if different from owner:	Contact Person E-mail:	
Contact Person Title:	Contact Person Phone #:	

DRIVER INFORMATION

Driver Name	Driver License Number	Driver Name	Driver License Number

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			

Type of Grease Transported: <input type="checkbox"/> Used Cooking Oil <input type="checkbox"/> Interceptor/Trap Grease	Destination of Grease:
	Address of Grease Destination (City, County, Zipcode):

*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