DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch 1220 N Street Sacramento, CA 95814 (916) 900-5004 79-012A(2) (Rev. 06/22) License Fee: \$250.00 PLUS Enforcement Fee: \$500.00 per vehicle up to a maximum of \$7,000.00 per year

OFFICE USE OINLY	
Establishment #:	
Date Issued:	

INEDIBLE KITCHEN GREASE TRANSPORTER REGISTRATION APPLICATION

COMMERCIAL USE Additional Vehicle Only						New	Renewal		
In accordance with Sections 19215 - 193 Inedible Kitchen Grease (IKG) Transpor *Pursuant to FAC Section 19303(b) – 19	ter.				eby made for	a license to	operate as an		
*Pursuant to FAC Section 19310(c), IKC Transporters operating only one vehicle, less than \$1 million.									
Please Print or Type		_							
Name of Business:		Business Phone #:		CA #:		Motor Carrier Permit Exp. Date:			
Mailing Address (City, County, Zipcode):					1			
Location Address (City, County, Zipcode	e): if different from	Mailing Address							
Name of Owner's E-mail:						Owner's Phone #:			
Contact Person(s) if different from owner	er: Contact Perso	ntact Person E-mail:				Contact Person Phone #:			
# of Employees:	Independentl	y Owned & Opera	ted: Yes	O No					
	•	DRIVER IN	FORMATION	N					
Driver Name	Driver Licen	Driver License Number		Driver Name		Driver License Number			
		VEHICLE I	 NFORMATIO	N					
Select One	Year/I		N		License Number				
O Truck O Trailer O Truck O Trailer									
	Destination of Grea	se:			l ————————————————————————————————————				
Used Cooking Oil									
Interceptor/Trap Grease	Address of Grease Destination (City, County, Elecode).								
*Attach digital photographs of each vehicle sh	nowing front, rear, and	d both side views. Ad	ditional vehicles may	be submitted on a s	eparate page.				
*All information requested on this application Code. Any changes to the information contain	ned on the license or the	nis application shall b	e reported in writing	to Rendering@cdfa.	ca.gov within t	en business da			
	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:								
Timed Ivaine of Authorized Represe.			The of Audion	izea representa					
Signature of Authorized Representative:			Date:						

Make checks payable to: CDFA – 930. Mail this application and payment to:

CA Department of Food and Agriculture Attention: MPES – Rendering Enforcement Program 1220 N Street Sacramento, CA 95814