

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-014 (Rev. 08/11)

TO BE COMPLETED BY BRANCH CHIEF

PERMIT NUMBER

EXPIRES

**APPLICATION AND PERMIT TO OBTAIN SPECIMENS FROM OFFICIAL MEAT
 INSPECTION ESTABLISHMENT**

1. NAME AND ADDRESS OF ESTABLISHMENT WHERE SPECIMENS ARE TO BE OBTAINED:	3. NAME AND ADDRESS OF INDIVIDUAL OR ORGANIZATION:
2. ESTABLISHMENT NO.:	4. DATE OF REQUEST

5A. The above applicant desires the following specimens not intended for human or animal food. The applicant agrees that the collecting and handling of this material shall be at such time and place and in such manner as to not interfere with inspection or to cause any objectionable condition.

5B. KIND AND AMOUNT OF MATERIAL DESIRED:

6A. INDICATE PURPOSE OF COLLECTING SPECIMENS

EDUCATIONAL RESEARCH OTHER (*Specify*)

6B. DESCRIBE USE TO BE MADE OF THE SPECIMENS:

7. IF SPECIMENS ARE TO BE USED FOR "RESEARCH", (Item 6A), THE FOLLOWING STATEMENT IS APPLICABLE:

"The applicant agrees to Use These Specimen(s) for Research Purposes Only and Assumes Full Responsibility for Results of Research Involving These Specimens."

8. CONSENT OF THE OFFICIAL ESTABLISHMENT HAS BEEN OBTAINED TO REMOVE SPECIMENS DESCRIBED IN ITEM 5B

9A. TITLE OF APPLICANT:	9B. SIGNATURE OF APPLICANT OR OFFICIAL OF ORGANIZATION
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I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.

TO BE COMPLETED BY THE BRANCH CHIEF

Permission is herewith given to applicant to obtain and remove specimens described in Item 5B.

10A. SIGNATURE	10B. TITLE	10C. DATE
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