



CALIFORNIA DEPARTMENT OF
FOOD & AGRICULTURE

Karen Ross, Secretary

Notice of Change of Address

Instructions: This form must be filled out by one of the current brand owners.

Please fill out all information. If the form is not filled out in its entirety or if the information provided is not legible, the brand will not be updated.

Date of Request: _____ Brand Number: _____

Name of Requestor: _____

Requestor's signature: _____

New or Correct Mailing Address: _____
Street or P.O. Box

City

State

Zip

County

Telephone #: _____

Previous Address: _____
Street or P.O. Box

City

State

Zip

County

Mail This Form to the address below

