

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

(916) 900-5004

79-001B (Rev. 02/17)

**USDA EXEMPT POULTRY ESTABLISHMENT
REGISTRATION FORM**

I have received and reviewed information relating to establishments that operate under the custom exemption of the exemptions of the Poultry Products Inspection Act.

The following types of operations are conducted at my business:

Custom Slaughter of Poultry

Custom processing of Poultry

Please Type or Print:

Name of Business: _____

Mailing Address: _____

City, State, Zipcode: _____

Location Address: _____

City, State, Zipcode: _____

Telephone Number: _____ FAX Number: _____

I hereby agree to comply with requirements found in the Code of Federal Regulations, Title 9, Part 381, necessary to maintain the exemptions from routine federal inspection that apply to my business.

Printed Name of Owner _____

Signature of Owner _____ Date _____

The following are the days of the week and time of day when I normally conduct exempt activities:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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