

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-005A (Rev. 04/18)

Date: _____

DEAD ANIMAL HAULER LICENSE APPLICATION**FEE \$100.00**

Establishment Number: _____

In accordance with Article 2, Chapter 5, Part 3, Division 9, of the California Food and Agricultural Code, application is hereby made for a license to operate as a Dead Animal Hauler.

Please Print or Type

| | | |
|---|--------------------------------|-------------|
| Name of Business: | Phone Number: | FAX Number: |
| Mailing Address: | Location (if different): | |
| City, State, Zipcode: | City, County, Zipcode: | |
| Name of Contact Person: | Contact Person E-mail Address: | |
| Carcass Destination Name of Renderer: Street _____ Address: _____ City : _____ State: _____ Zipcode: _____ | | |

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | LICENSE # |
|-------------|-------------|--------------|------------------|
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*Any change in the information contained in the license or registration application shall be reported in writing to the Meat, Poultry and Egg Safety Branch within (10) business days of such change.

*Obtaining all information requested is mandatory and required before a license can be issued according to requirements in Division 9 of the California Food and Agricultural Code.

*Attach to this application a list of the make, size, model, year, and license number of all vehicles used for hauling dead animals and photographs of each vehicle showing front, rear, and both side views.

*Providing false information on applications for licenses or registration application shall be a violation and shall be justification for denial of an application.

Printed Name of Applicant: _____

Signature of Applicant: _____

Mail application and \$100.00 fee to: Department of Food and Agriculture, 1220 N Street, Sacramento, CA 95814.

Please make check payable to: CDFA L 90101