

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch  
 1220 N Street  
 Sacramento, CA 95814  
 (916) 900-5004  
 79-012A(1) (Rev. 05/21)

**OFFICE USE ONLY**

Establishment #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**INEDIBLE KITCHEN GREASE TRANSPORTER REGISTRATION APPLICATION****PERSONAL USE****TOTAL FEE: \$375** New Renewal

In accordance with Sections 19215 - 19316 of the California Food and Agricultural Code (FAC), application is hereby made for a license to operate as an Inedible Kitchen Grease (IKG) Transporter.

\*Pursuant to FAC Section 19303(b) – 19306, IKG records shall be maintained and made available for two years.

\*Pursuant to FAC Section 19310(c), IKG Transporters shall maintain proof of liability insurance or a surety bond of not less than \$2 million. IKG Transporters operating only one vehicle, with a gross vehicle weight rating of less than 10,000 pounds, must maintain proof of liability or a surety bond of not less than \$1 million.

***Please Print or Type***

Name of Business:	Phone Number:	Independently Owned & Operated: <input type="radio"/> Yes <input type="radio"/> No
Mailing Address (City, County, Zipcode):		
Location Address (City, County, Zipcode): <i>if different from Mailing Address</i>		
Name of Owner:	Owner's E-mail:	
Name of Applicant/Contact Person(s) if different from owner:	Contact Person E-mail:	
Contact Person Title:	Contact Person Phone #:	

**DRIVER INFORMATION**

Driver Name	Driver License Number	Driver Name	Driver License Number

**VEHICLE INFORMATION**

Select One	Year/Make	Model	License Number
<input type="radio"/> Truck <input type="radio"/> Trailer			
<input type="radio"/> Truck <input type="radio"/> Trailer			

<b>Type of Grease Transported:</b> <input type="checkbox"/> Used Cooking Oil <input type="checkbox"/> Interceptor/Trap Grease	Destination of Grease:
	Address of Grease Destination (City, County, Zipcode):

\*Attach digital photographs of each vehicle showing front, rear, and both side views. Additional vehicles may be submitted on a separate page.

\*All information requested on this application is required before a license may be issued in accordance with the requirements stated in Division 9 of the Food and Agricultural Code. Any changes to the information contained on the license or this application shall be reported in writing to [Rendering@cdfa.ca.gov](mailto:Rendering@cdfa.ca.gov) within ten business days.

\*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:
Signature of Authorized Representative:	Date:

Make checks payable to **CDFA – 9999000271**. Mail this application and payment to:

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

If you have any questions, please contact rendering program at [Rendering@cdfa.ca.gov](mailto:Rendering@cdfa.ca.gov)