

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 Phone: (916) 900-5004, Fax: (916) 900-5334
 79-012A(2) (Rev. 06/18)

Registration Fee \$100.00

PLUS Enforcement fee of \$300.00 per vehicle up to a maximum of \$3000.00 per year.

COMMERCIAL USE

Date: _____

**INEDIBLE KITCHEN GREASE TRANSPORTER
 REGISTRATION APPLICATION**

I hereby apply to register as a Transporter of Inedible Kitchen Grease in accordance with Sections 19215 through 19316 of the California Food and Agricultural Code. I agree to abide by Sections 19303(b) through 19306 pertaining to requirements to keep and make available records for two years.

Section 19310(c)(1)(2)(3) requires that proof of liability insurance or a surety bond of not less than \$2,000,000 be provided prior to the issuance of the registration. Transporters operating only one vehicle of less than 10,000 pounds GVW rating must only provide proof of liability insurance or a surety bond of not less than \$1,000,000.

Please Print or Type

Name of Business:	Phone Number:	FAX Number:
Mailing Address:	Location (if different):	
City, State, Zipcode:	City, County, Zipcode:	
Name of Owner - Please Print or Type:		
Name of Applicant /Contact Person(s) (if different from owner):		
Contact Person E-mail:		

DRIVER INFORMATION (Use Additional Sheets, if Necessary, to Provide the Following Information):

Drivers' Names	Drivers' License Number	Drivers' Names	Drivers' License Number

VEHICLE INFORMATION

YEAR	MAKE	MODEL	LICENSE #

Type of Grease Transported: **Used Cooking Oil** **Interceptor/Trap Grease**

Destination of Grease: _____

Address of Destination: _____

*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.

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

*I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.

Printed Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

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

Please make check payable to: CDFA L 90101