

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

(916) 900-5004

79-020 (Rev 04/18)

Date \_\_\_\_\_

**DRIVER/VEHICLE IDENTIFICATION FOR COLLECTION CENTERS***Please Print or Type*

Name of Business	Phone Number	FAX Number
Mailing Address	Location (if different)	
City, State, Zipcode	City, County, Zipcode	
Contact Person(s) - Please Print or Type		

**Use Additional Sheets if Necessary to Answer the Following Information:**

Drivers' Name	Drivers' License Number	Drivers' Name	Drivers' License Number

**LICENSE PLATE NUMBERS OF VEHICLES**

YEAR	MAKE	MODEL	LICENSE #

Destination of Grease (Rendering Company or other approved location)

Name of Destination \_\_\_\_\_

Address of Destination \_\_\_\_\_

Destination of Animal Parts, Packing House Waste, or Carcasses (Rendering Company or other approved location)

Name of Destination \_\_\_\_\_

Address of Destination \_\_\_\_\_

\*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.

\*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

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_