

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

(916) 900-5004

79-025 (Rev. 03/14)

Date _____

REQUEST FOR SURVEY FOR STATE MEAT AND POULTRY INSPECTION

I hereby request a survey of my proposed meat and/or poultry plant.

Please Print

Firm / Name of Applicant:	Applicant's Name and Title:
Street Address:	City, State, Zipcode:
Location of Plant (if different):	County:
Complete Street Address of Plant:	City, State, Zipcode:
Phone Number:	E-Mail Address:

<p>Custom Slaughter will be conducted at my establishment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Cattle Only</p> <p><input type="checkbox"/> Cattle and Small Stock</p> <p><input type="checkbox"/> Small Stock Only</p>	<p>Meat Processing will be conducted at my establishment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Sausage Product Only</p> <p><input type="checkbox"/> Cured and Smoked Meats Only</p> <p><input type="checkbox"/> Cured and Smoked Meats and Sausage Products</p> <p><input type="checkbox"/> Dried Meat Products</p>
<p>Poultry Slaughter or Processing will be conducted at my establishment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Fowl Only</p> <p><input type="checkbox"/> Rabbits Only</p> <p><input type="checkbox"/> Rabbits and Fowl</p>	<p>OTHER OPERATIONS</p> <p><input type="checkbox"/> Will not be conducted at my establishment</p> <p><input type="checkbox"/> Will be conducted - Please Specify:</p>

Printed Name of Applicant _____

Signature of Applicant _____