

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch  
 1220 N Street  
 Sacramento, CA 95814  
 Phone: (916) 900-5004  
 79-121 (Rev. 08/21)

Return completed permit requests via email to [Rendering@CDFA.ca.gov](mailto:Rendering@CDFA.ca.gov)

|          |                 |
|----------|-----------------|
| Permit # | Expiration Date |
|----------|-----------------|

**PERMIT REQUEST TO DISPOSE OF CARCASS(ES) OR SPECIFIED RISK MATERIAL AT A LANDFILL**

California Food and Agricultural Code Section 19348(b): The secretary may issue a master or individual permit to a licensed renderer, collection center, or dead animal hauler for the purpose of authorizing transport of a dead animal to an appropriately permitted landfill under either of the following circumstances:

- (1) During a proclaimed state of emergency or local emergency, as defined in subdivisions (b) and (c) of Section 8558 of the Government Code.
- (2) When the licensed hauler has certification from a licensed renderer, that the licensed renderer cannot process the dead animal due to operational conditions or legal or regulatory requirements or constraints. The certification shall be in a form approved by the department and, for purposes of this paragraph, "licensed hauler" shall include licensed collection centers and renderers.

**DEAD HAULER / COLLECTION CENTER / RENDERER REQUESTING APPROVAL**

Business Name \_\_\_\_\_ CDFA License # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**TO BE COMPLETED BY REQUESTOR**

| NAME | SIGNATURE | DATE |
|------|-----------|------|
|      |           |      |

**CARCASS COLLECTION LOCATION**

Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_

**CARCASSES TO BE LANDFILLED (PER VISIT)**

Number of each: Cattle \_\_\_\_\_ Swine \_\_\_\_\_ Sheep \_\_\_\_\_ Goats \_\_\_\_\_ Equine \_\_\_\_\_

**LANDFILL INFORMATION**

Landfill Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date of Proposed Landfill Delivery \_\_\_\_\_

**REASON RENDERER WILL NOT ACCEPT/PROCESS CARCASSES (Renderer approval required)**

- INSUFFICIENT RENDERING CAPACITY       EXCESSIVE DECOMPOSITION  
 EQUIPMENT MALFUNCTION/OFFLINE       OTHER (Specify) \_\_\_\_\_

Renderer Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**TO BE COMPLETED BY RENDERER**

| NAME | TITLE | SIGNATURE | DATE |
|------|-------|-----------|------|
|      |       |           |      |

**OTHER REASON FOR LANDFILL DISPOSAL (No renderer approval required)**

- REMOTE GEOGRAPHIC LOCATION       OTHER (Specify) \_\_\_\_\_

**CDFA APPROVAL**

| NAME | TITLE | SIGNATURE | DATE |
|------|-------|-----------|------|
|      |       |           |      |