



<b>REGISTRANT STATUS</b>
<b>Name:</b>
<b>Handler Code:</b>
<b>Expiration Date:</b>

**EGG HANDLER AND PRODUCER REGISTRATION  
RENEWAL FORM**

517-004b (4/18)

**Section 1: Applicant Information**

<b>Business Name:</b> <input type="text"/> <b>Mailing Address: Street</b> <input type="text"/> <b>City</b> <b>State</b> <b>Zip</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Contact Person:</b> <b>Phone:</b> <input type="text"/> <input type="text"/> <b>Email:</b> <input type="text"/>	<b>Flock/Processing Location: Street</b> <input type="text"/> <b>City</b> <b>State</b> <b>Zip</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Business Phone:</b> <b>Fax:</b> <input type="text"/> <input type="text"/> <b>Web Page:</b> <input type="text"/> <b>USDA Egg Grading Program?</b> Yes <input type="checkbox"/> , P- _____ ; No <input type="checkbox"/>
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**Section 2: Business Information**

**Type of Business: (Check Applicable Boxes)**

<input type="checkbox"/> 1. Producer Only	<input type="checkbox"/> 5. Broker
<input type="checkbox"/> 2. Packer Only	<input type="checkbox"/> 6. Breaker
<input type="checkbox"/> 3. Producer/ Packer	<input type="checkbox"/> 7. Hatchery
<input type="checkbox"/> 4. Distributor/ Wholesale	<input type="checkbox"/> 8. Other _____

**Egg Product Type(s): (Check Applicable Boxes)**

<input type="checkbox"/> Shell Eggs	<input type="checkbox"/> Liquid and/or Dry Egg Product
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How many cases of shell eggs graded/ produced/ handled monthly? \_\_\_\_\_ (1 case = 30 dozen shell eggs)  
 How many cases of egg products processed/handled monthly? \_\_\_\_\_ **Liquid** \_\_\_\_\_ **Dry**  
 (1 case = 40 lb liquid product dry; 9 lb dry egg product)

**Section 3: Flock/Egg Information**

What is the size of laying flock? \_\_\_\_\_

Do you sell **ALL** your eggs to consumers on your premises? ..... Yes  No

Do you sell at Certified Farmers Markets? ..... Yes  No

If yes, list County(s): \_\_\_\_\_

Do you sell organic eggs? ..... Yes  No

If yes, CA Organic Registration # \_\_\_\_\_, USDA Certification # \_\_\_\_\_

Do you produce Special Requirement Eggs? ..... Yes  No

If yes, list type(s): \_\_\_\_\_

**Section 4: Mill Fee Responsibility** \*Refer to FAC Section 27551

- Do you purchase eggs/products from out-of-state egg handlers? .....Yes  No
- Do you sell eggs/products to retailers or distributors/ brokers? .....Yes  No
- Do you import eggs/products into the State of California? .....Yes  No
- Are you responsible for the mill fee assessment for eggs/products you handle? .....Yes  No
- Do you purchase eggs/products from in-state producers? ..... Yes  No

Is another egg handler paying the mill fee for you? Yes  No

If yes, *please submit with your application, a letterhead proof from each payer.*

Fill out the name, location, and approximate number of cases each company is paying for monthly (use additional paper if needed):

Handler Code	Name	Approx. Cases

Am I paying for someone's mill fee? Yes  No

If yes, provide the name of business, handler code, and approximate number of cases you will be paying for monthly (use additional paper if needed):

Handler Code	Name	Approx. Cases

**Section 5: California Designee Information (Out-of-State Registrants)** \*Refer to FAC Section 27685

Resident Agent Name: \_\_\_\_\_  
 Resident Agent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 6: Registration Cancellation**

If you are no longer operating as an egg handler, please put "\$0" when calculating your renewal fee and provide a *brief cancellation note*. Sign, date, and return this form with the enclosed envelope. If you wish to reinstate your license, please contact Egg Safety and Quality Management at the number below.

**Renewal fees:**

Required Fees		
<input type="checkbox"/>	Renewal Fee: \$50.00	\$
Optional Materials		
<input type="checkbox"/>	Inspection Manual: \$15.00	\$
<b>Total Fees:</b>		\$

**Complete and make remittance payable to:**

Egg Safety and Quality Management  
 CASHIER, CDFA  
 P.O. Box 942872  
 Sacramento, CA 94271

**\*Check or money orders only**

**All registrations expire at the end of the calendar year regardless of when payment was received.**

If you need further information, please contact the Department of Food and Agriculture, Egg Safety and Quality Management Program at (916) 900-5062, or write to 1220 N Street, Sacramento, CA 95814. Visit our internet website at

<http://www.cdfa.ca.gov/ahfss/mpes/esqm.html>.

\* By signing this registration renewal form, I declare that I understand all laws and regulations relating to the preparation for market and marketing of shell eggs and/or egg products in the State of California and that all information is complete, accurate, and truthful.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_