



Registrant Status:
Name:
Handler Code:
Expiration Date:

**EGG HANDLER AND PRODUCER REGISTRATION
RENEWAL FORM**

517-004b (11/15)

Section 1: Applicant Information

Business Name:

Mailing Address: Street

City **State** **Zip**

Contact Person: **Phone:**

Email:

Address of Business Operation: Street

City **State** **Zip**

Business Phone: **Fax:**

Web Page:

USDA Egg Grading Program?
Yes , P- _____ ; No

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 lbs. liquid, 9 lbs. dry)

Section 3: Flock Information

What is the size of laying flock? _____. **Is flock(s) located at business operation above?** Yes No

If no, location:
Address: _____ City: _____ State: _____ Zip: _____

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):

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

Do you purchase eggs from out-of-state handlers? Yes No

Do you sell eggs to retailers or distributors/brokers? Yes No

Do you import eggs into the State of California?Yes No
 Are you responsible for the mill fee assessment for eggs you handle?Yes No
 Do you purchase eggs 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.

Handler Code	Name	Approx. Cases

Are you 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.

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)	\$
Total Fees:		\$

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