



**STATE OF CALIFORNIA  
CITRUS PEST AND DISEASE PREVENTION DIVISION  
NEW HANDLER REGISTRATION FORM**

REGISTRATION NUMBER (for office use only):	
COUNTY OF OPERATION:	
COMPANY NAME:	
FEDERAL TAX ID/SOCIAL SECURITY #:	
OWNER/MANAGER NAME:	ACCOUNTS PAYABLE CONTACT NAME:
BUSINESS ADDRESS (DO NOT USE PO BOX):	
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS):	
BUSINESS PHONE:	FAX NUMBER:
CONTACT CELL PHONE (Optional):	CONTACT E-MAIL ADDRESS:
IF YOU WOULD LIKE TO RECEIVE FORMS & OTHER PROGRAM CORRESPONDENCE VIA EMAIL, PLEASE CHECK THIS BOX: <input type="checkbox"/>	
ADDITIONAL COMMENTS:	
SIGNATURE:	DATE:

**Please complete and mail to:**

**Department of Food and Agriculture  
Citrus Pest & Disease Prevention Division  
2710 Gateway Oaks Drive  
Sacramento, CA 95833**

**Or E-mail to**

**[jason.wu@cdfa.ca.gov](mailto:jason.wu@cdfa.ca.gov)**