



**State of California
Department of Food and Agriculture**

1220 N Street
Sacramento, CA 95814
Phone (916) 900-5030
Fax (916) 900-5347

RENEWAL REQUEST FOR EXPERIMENTAL PERMIT

Permit number requested to be renewed:

Commodity:

Name of Applicant			
Address			
City	County	State	Zip
Phone		Email Address	
Is this the address where the permit will be used and or shipment records will be kept? YES___ NO___			
If NO, Explain: _____			
Number of containers shipped under previous Permit:		<input type="text"/>	
Shipment dates permit was used			
Date of FIRST shipment: <input type="text"/>		through LAST shipment date: <input type="text"/>	
Has any information changed regarding container manufacturer/supplier: YES___ NO___			
If YES, explain: _____			
Please fax or attach a copy of the permit with request for renewal			
Signature of applicant:		Date:	