



State of California
Department of Food and Agriculture
Standardization/CA Citrus Registration Form
 STZ 102 (Rev. 07/2019)

Please Send To:
 Standardization/CA Citrus Programs
 1220 N Street
 Sacramento, CA 95814
 Phone: (916) 900-5030
 Fax: (916) 900-5345

1. Company Information

Company Name*:		
Phone Number*:	Fax Number:	
County(ies) of Operation*:	Website:	
Packing Operation*: <input type="checkbox"/> Citrus <input type="checkbox"/> Other than Citrus <input type="checkbox"/> Both		

2. Company Mailing Address

Address*:		
Address 2:		
City*:	State*:	Zip Code*:

3. Company Physical Address

Same as Mailing Address (NO P.O. Boxes) or fill out the following

Address*:		
Address 2:		
City*:	State*:	Zip Code*:

4. Owner Information

First Name*:	MI:	Last Name*:	Suffix:
Company Name:		FEIN/SSN*:	
<input type="checkbox"/> Same as Mailing Address (NO P.O. Boxes) or fill out the following			
Address*:			
City*:	State*:	Zip Code*:	

I confirm that all the information given is true and accurate to the best of my knowledge.

_____ Signature

_____ Date

5. Primary/Accounting Contact for Company

Name*:	Phone*:
Email*:	Fax:

***REQUIRED**

6. FOR OFFICIAL USE ONLY

Registration Number	
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