



STATE OF CALIFORNIA  
 DEPARTMENT OF FOOD AND AGRICULTURE  
 INSPECTION & COMPLIANCE BRANCH  
 OCAL PROGRAM

**Accreditation Application Fee Remittance Form**

**PAYOR INFORMATION**

Company Name _____	Mailing Address _____
Application # _____	City, State, Zip _____
Contact Name _____	Contact Phone _____
Contact Email _____	Best Contact Time _____

**ACCREDITATION APPLICATION FEE**                      \$ \_\_\_\_\_  
 (see schedule of fees for more information)

**CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, this form is true and complete.

Print Name	Signature	Date
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**SEND PAYMENT AND COMPLETED FORM TO:** Cashier – CDFA OCal Program 9999000465  
 PO Box 942872  
 Sacramento, CA 94271-2872