



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

Registration Renewal Fee Payment Remittance Form

PAYOR INFORMATION

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

REGISTRATION RENEWAL FEE

Fee Description (see schedule of fees for more information)	Amount
26% of gross revenue earned <i>from OCal certification</i> during previous calendar yr.	
Flat fee (if above \$100.00 or less)	
Other fees due, such as violation penalties and late fees (explain each fee below)	
Balance	
Credit (if applicable)	
Balance due	

CERTIFICATION

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

 Print Name Signature Date

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