



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

Accreditation and Registration Fee Remittance Form

PAYOR INFOR	RMATION		
Compar	- -		
Nam			g Address
Application	#	City, State, Zip	
Contact Nam	ne	Contact Phone	
Contact Ema		Best Contact Time	
ACCREDITATI	ION FEES (see accreditation s	chedule of fees for more i	nformation)
Amount	Description		
\$	Hourly rate fee for service		
\$	Evaluator travel and per diem	l	
\$	Other costs		
(\$ 500.00)	Application fee		
\$	Balance due to CDFA		
\$	Credit (subtract this amount from your registration renewal fee)		
REGISTRATIO	N FEE		
No fee for initia	l registration.		
CERTIFICATIO	ON		
I hereby certify	that to the best of my knowled	ge and belief, this form is	true and complete.
Print Name	Signa	ture	Date
SEND PAYME	NT AND COMPLETED FORM	TO: Cashier – CDFA C	OCal Program 9999000465

Sacramento, CA 94271-2872