



APPLICATION FOR AGENT'S LICENSE
\$55.00 Application Fee Must Be Submitted With Application
MAKE CHECK OR MONEY ORDER PAYABLE TO: CDFA 90295
PLEASE PRINT CLEARLY OR TYPE

FULL NAME OF APPLICANT				HOME TELEPHONE NUMBER
------------------------	--	--	--	-----------------------

HOME ADDRESS	PHYSICAL ADDRESS (No PO Boxes)	CITY	STATE	ZIP
--------------	--------------------------------	------	-------	-----

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE OR IDENTIFICATION NUMBER		
---------------	------------------------	--	--	--

BUSINESS ADDRESS	PHYSICAL ADDRESS	CITY	STATE	ZIP
------------------	------------------	------	-------	-----

HAVE YOU EVER HAD LICENSES ISSUED BY **THE DEPARTMENT OF FOOD AND AGRICULTURE**? YES NO

DO YOU OWE ANY CALIFORNIA FARM PRODUCT CREDITORS SUMS OVER 30 DAYS OR BEYOND THE PAYMENT TERMS? YES NO

HAVE YOU FILED BANKRUPTCY IN THE PAST 4 YEARS? IF YES, PLEASE NOTE CASE NUMBER BELOW. YES NO

HAVE YOU BEEN CONVICTED OF A CRIME THAT INCLUDES AS ONE OF ITS ELEMENTS THE FINANCIAL VICTIMIZATION OF ANOTHER PERSON? YES NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

APPLICANT UNDERSTANDS THAT THE DEPARTMENT MAY ACCESS ANY AND ALL INFORMATION FROM CREDIT REPORTING AGENCIES AND ALL CRIMINAL RECORD INFORMATION IN CONSIDERATION OF THIS APPLICATION.

SIGNATURE OF AGENT APPLICANT DATE

****APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ENDORSEMENT BELOW****

MARKET ENFORCEMENT LICENSE NO. _____ LICENSE EXPIRATION DATE: _____

APPLICANT WILL BEGIN REPRESENTING OUR COMPANY AS AN AGENT ON _____
DATE

NAME OR COMPANY NAME AS IT APPEARS ON LICENSE (PLEASE TYPE OR PRINT) _____

BUSINESS ADDRESS (CITY, STATE, ZIP) _____

PRINT OR TYPE FULL NAME _____ DATE _____

SIGNATURE (MUST BE OWNER, PARTNER, MEMBER OR CORPORATE OFFICER) _____

NOTE: THE PRINCIPAL LICENSEE IS RESPONSIBLE FOR THE ACTIONS OF HIS/HER AGENTS, IT IS THE RESPONSIBILITY OF THE PRINCIPAL TO SECURE THE SURRENDER OF THE AGENT'S LICENSE UPON TERMINATION OF EMPLOYMENT.

Department Use Only	
AGENT FEE	\$55 X _____ = _____
TOTAL FEES DUE	_____
RECEIVED	_____
O/S	_____
RECEIVED	_____
O/S	_____

The Department of Food and Agriculture has established time periods for processing of permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.