

EGG SAFETY AND QUALITY MANAGEMENT

REGISTRATION FORM INSTRUCTION/INFORMATION SHEET FOR EGG HANDLERS=

Please read the following information and instructions prior to completing the application for an egg handler registration. We request that you either **type or print clearly in ink** in order to avoid any delay in the issuance of the registration for which you are applying. All applications for registration must be complete and include all required attachments. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

APPLICATION FOR REGISTRATION:

FAC Section 27541. Any person engaged in business in this state as an egg handler, or any out-of-state egg handler selling eggs into California, shall register with the secretary. A new registration shall be submitted if any current information changes.

FAC Section 27542. The certificate of registration shall not be transferable to any person, or be applicable to any location other than the location for which originally issued, and shall be conspicuously displayed at such location.

1. APPLICANT INFORMATION

Business Name

If you are applying as an individual/sole proprietorship, please enter your first, middle, and last name. If you are a partnership, please enter the name of the partnership as you wish it to appear on the license.

Corporations need to identify themselves as they are registered with the California Secretary of State or the incorporating state if not a California based company.

Subsidiaries are considered a separate entity from the corporation and must be licensed separately.

Mailing Address

This is the address where official business documents and information can be sent. If your mailing address changes at any time, you should notify the Egg Safety and Quality Management Program so we can update our records.

Address of Business Operation

This is the physical location where you conduct business. If you have more than one office, provide the address of the principal office location. If you conduct business from your residence, please list your complete home address, including zip code.

Business Phone

Enter the telephone number where you can be reached during normal business hours. Please include area code.

Business Fax and Email

Enter your fax telephone number and e-mail address where information can be sent.

2. EGG HANDLER BUSINESS INFORMATION

Egg Handler Business Type

Check the appropriate box which identifies the type of business that you will be conducting. You may check all that are applicable.

Egg Product Type

Check the appropriate box which identifies the type of egg product you will be selling. **Only one box** can be checked, a new registration is required for multiple types.

3. FLOCK INFORMATION

Flock Size

List the size of laying flock. If the flock(s) is not located at the registered facility, provide the address where they are located.

Selling all Eggs to Consumers on Premises

Answer *yes only* if *ALL* of the eggs are sold on the premises, otherwise answer no.

Selling at Certified Farmers Markets

If you are selling at a farmers market, please list the county where you will be selling your eggs. If you sell in more than one county, please list all. Each location must have a valid registration copy; contact Egg Safety and Quality Management for additional copies.

Selling Organic Eggs

If applicable, please provide the California Organic Registration number and USDA Certification number.

Special Requirement Eggs

Special Requirement Eggs Definition – Eggs which are labeled as containing a distinguishing quality or condition. Examples: Higher omega, higher protein values, higher lutein values, etc.

4. MILL FEE RESPONSIBILITY

FAC Section 27551 (c). The following persons shall pay to the secretary a maximum fee of fifteen cents (\$0.15) for each 30 dozen eggs sold as provided below:

- (c) Out-of-state egg handlers and producers shall report and pay the fee on egg sales into California sold to a retailer, producer, handler, or breaking plant, and on egg products brought into the state at a maximum rate of fifteen cents (\$0.15) for each equivalent of 30 dozen eggs.

5. CALIFORNIA DESIGNEE INFORMATION (OUT-OF-STATE ONLY)

FAC Section 27685. Before receiving a registration as required by this chapter, an applicant whose home office or principal place of business is outside of California shall file with the Department the name of an agent in California who is authorized to receive service of process in actions by the state or the Department in the enforcement of this chapter.

SIGNATURE

Application **must** be signed and dated by an authorized representative to be valid.

For any additional clarification or assistance, please contact the Egg Safety and Quality Management Program at (916) 900-5062.



DEPARTMENTAL USE ONLY	
Handler Code	Initials
<input type="text"/>	<input type="text"/>
Payment Type: Mo <input type="checkbox"/> An <input type="checkbox"/> Ex <input type="checkbox"/>	

EGG HANDLER AND PRODUCER REGISTRATION FORM

517-004a (Rev. 12/13)

Section 1: Applicant Information	
Business Name: <input type="text"/> Mailing Address: Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Contact Person: <input type="text"/> Phone: <input type="text"/> Email: <input type="text"/>	Address of Business Operation: Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Business Phone: <input type="text"/> Fax: <input type="text"/> Web Page: <input type="text"/> USDA Egg Grading Program? Yes <input type="checkbox"/> , P- _____ ; No <input type="checkbox"/>
Section 2: Business Information	
Business Type: (Check Applicable Boxes)	
<input type="checkbox"/> 1. Producer Only	<input type="checkbox"/> 5. Broker
<input type="checkbox"/> 2. Packer Only	<input type="checkbox"/> 6. Breaker
<input type="checkbox"/> 3. Producer/ Packer	<input type="checkbox"/> 7. Hatchery
<input type="checkbox"/> 4. Distributor/ Wholesale	<input type="checkbox"/> 8. Other _____
Egg Product Type: (Check Only One)	
<input type="checkbox"/> Shell Eggs	<input type="checkbox"/> Liquid and/or Dry Egg Products
Section 3: Flock Information	
What is the size of laying flock? _____ . Is flock(s) located at business operation above? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, location: Address: _____ City: _____ State: _____ Zip: _____ How many cases of shell eggs graded/ produced/ handled monthly? _____ (1 case = 30 dozen shell eggs) How many cases of egg products processed/handled monthly? _____ Liquid _____ Dry (1 case = 40 lbs. liquid, 9 lbs. dry) Do you sell ALL your eggs to consumers on your premises? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you sell at Certified Farmers Markets? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list County(s): _____ Do you sell organic eggs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, CA Organic Registration # _____, USDA Certification # _____ Do you produce Special Requirement Eggs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type(s): _____	

Section 4: Mill Fee Responsibility *Refer to FAC Section 27551

- Do you purchase eggs from out-of-state egg handlers?Yes No
- Do you sell eggs to retailers or distributors/ brokers?Yes No
- Do you import eggs into the State of California?Yes No
- Are you responsible for the mill fee assessment for eggs you handle?Yes No
- Do you purchase eggs from in-state producers?..... Yes No

Is another egg handler paying the mill fee for you? Yes No

If yes, *please submit with your application, a letterhead proof from each payer.*

Fill out the name, location, and approximate number of cases each company is paying for monthly:

Handler Code	Name	Approx. Cases

Am I paying for someone's mill fee? Yes No

If yes, provide the name of business, handler code, and approximate number of cases you will be paying for monthly:

Handler Code	Name	Approx. Cases

Section 4: California Designee Information (Out-of-State Registrants) *Refer to FAC Section 27685

Resident Agent Name: _____
 Resident Agent Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

Registration fees:

Required Fees		
<input checked="" type="checkbox"/>	Registration Fee: \$56.00 if registering Apr 1, 2014 thru Dec 31, 2014	\$56.00
<input type="checkbox"/>	Registration Fee: \$75.00 if registering Jan 1, 2015 and thereafter	\$
Optional Materials		
<input type="checkbox"/>	Inspection Manual: (15.00)	\$
Total Fees:		\$

Complete and make remittance payable to:

Egg Safety and Quality Management
 CASHIER, CDFA
 P.O. Box 942872
 Sacramento, CA 94271

***Check or money orders only**

If you need further information, please contact the Department of Food and Agriculture, Egg Safety and Quality Management Program (ESQM) at (916) 900-5062, or write to 1220 N Street, Sacramento, CA 95814. Visit our internet website at <http://www.cdfa.ca.gov/ahfss/mpes/esqm.html>.

* By signing this registration form, I declare that I understand all laws and regulations relating to the preparation for market and marketing of shell eggs and/or egg products in the State of California and that all information is complete, accurate, and truthful.

Signature

Print Name

Date