

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5004
79-001A (Rev. 02/20)

**EXEMPT MEAT ESTABLISHMENT
REGISTRATION FORM**

I have reviewed the USDA information relating to establishments that operate under the custom exemptions of the Federal Meat Inspection Meat Act, <https://www.fsis.usda.gov/wps/portal/fsis/topics/rulemaking/federal-meat-inspection-act> and the State of California Food and Agriculture Code (FAC) <http://www.cdfa.ca.gov/laws/regs>

The following types of operations are conducted at my business:

Custom Slaughter of Uninspected Meats

Custom Processing of Uninspected Meats

Please Type or Print:

Name of Business: _____

Mailing Address: _____

City, State, Zipcode: _____

Location Address: _____

City, State, Zipcode: _____

Telephone Number: _____ E-mail: _____

I hereby agree to comply with requirements found in the Code of Federal Regulations, Title 9, Parts 303, 416, and FAC 19020 necessary to maintain the exemptions from routine federal/state inspection that apply to my business. Any changes to the information as submitted by the applicant must be reported to the MPES branch within 10 days of the date of the change.

Printed Name of Applicant _____

Signature of Applicant _____ Date _____

The following are the days of the week and time of day when I normally conduct exempt activities:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	--------	---------	-----------	----------	--------	----------