

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 Phone: (916) 900-5004
 79-121 (Rev. 02/23)

Return completed permit requests via email to Rendering@CDFA.ca.gov

Permit #	Expiration Date
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PERMIT REQUEST TO DISPOSE OF CARCASS(ES) OR SPECIFIED RISK MATERIAL AT A LANDFILL

California Food and Agricultural Code Section 19348(b): The secretary may issue a master or individual permit to a licensed renderer, collection center, or dead animal hauler for the purpose of authorizing transport of a dead animal to an appropriately permitted landfill under either of the following circumstances:

- (1) During a proclaimed state of emergency or local emergency, as defined in subdivisions (b) and (c) of Section 8558 of the Government Code.
- (2) When the licensed hauler has certification from a licensed renderer, that the licensed renderer cannot process the dead animal due to operational conditions or legal or regulatory requirements or constraints. The certification shall be in a form approved by the Department and, for purposes of this paragraph, "licensed hauler" shall include licensed collection centers and renderers.

DEAD HAULER / COLLECTION CENTER / RENDERER REQUESTING APPROVAL

Business Name _____ CDFA License # _____
 Address _____ City _____
 Contact Person _____ Phone Number _____

TO BE COMPLETED BY REQUESTOR

NAME	SIGNATURE	DATE

CARCASS COLLECTION LOCATION

Address _____
 City _____ County _____

CARCASSES TO BE LANDFILLED (PER VISIT)

Number of each: Cattle _____ Swine _____ Sheep _____ Goats _____ Equine _____ Other _____, _____
(Specify)

LANDFILL INFORMATION

Landfill Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____ Phone Number _____
 Date of Proposed Landfill Delivery _____

REASON RENDERER WILL NOT ACCEPT/PROCESS CARCASSES (Renderer approval required)

- INSUFFICIENT RENDERING CAPACITY EXCESSIVE DECOMPOSITION
 EQUIPMENT MALFUNCTION/OFFLINE OTHER *(Specify)* _____

Renderer Name _____
 Address _____ City _____
 Contact Person _____ Phone Number _____

TO BE COMPLETED BY RENDERER

NAME	TITLE	SIGNATURE	DATE

OTHER REASON FOR LANDFILL DISPOSAL (No renderer approval required)

- REMOTE GEOGRAPHIC LOCATION OTHER *(Specify)* _____

CDFA APPROVAL

NAME	TITLE	SIGNATURE	DATE