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**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat and Poultry Inspection Branch  
1220 N Street  
Sacramento, CA 95814  
(916) 654-0504  
79-001 (Rev. 12/04)

**CUSTOM EXEMPT REGISTRATION FORM**

**ATTN: Dennis Thompson, D.V.M., M.P.V.M.**  
**Chief, Meat and Poultry Inspection Branch**

I have received and reviewed the information relating to establishments that operate under the custom exemption of the Wholesomeness Meat Act.

The following types of operations are conducted at my business:

- Custom Processing of Uninspected Meats
- Retail Sales of Inspected Meats

**Please Type or Print:**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**I agree to comply with the requirements that apply to my business.**

Printed Name of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_