

STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 INSPECTION & COMPLIANCE BRANCH
 DIRECT MARKETING PROGRAM
 51-049M (Rev. 05/2022)

FOR OFFICIAL USE ONLY
Issuing County:
Certificate Number:
Issue Date:
Expiration Date:
Amended Date:
Copies Issued:
County Fee:

APPLICATION/CERTIFICATE FOR CERTIFIED PRODUCER'S CERTIFICATE

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED AT POINTS OF SALE

PRODUCER INFORMATION			
Name of Producer			
Farm or Ranch Name		DBA (Doing Business As - If Applicable)	
Producer's Mailing Address		City	State Zip
(____) _____	(____) _____		
Phone Number	Fax Number	Email	

PRODUCTION SITE INFORMATION	
Production Site 1 Address	Site Acreage
Production Site 2 Address	Site Acreage
Production Site 3 Address	Site Acreage
Production Site 4 Address	Site Acreage

For additional production sites, please complete a Certified Producer's Certificate Supplement form.

STORAGE LOCATION
Storage Location (A)
Storage Location (B)

COMMODITIES

Site #	Common Name (List in Alphabetical Order)	Variety/Type	Amount or Unit Grown	Estimated Production	Harvest Season	Season Altering Device	Months in Storage

For additional commodities, please complete a Certified Producer's Certificate Supplement form.

AUTHORIZED COUNTIES

SECOND CERTIFICATES

Name of Producer I am authorized to sell for	Certificate Number	Date Declared	Name of the Producer authorized to sell for me	Certificate Number	Date Declared

VERIFICATION/SIGNATURES

I have reviewed this certificate and certify that the information provided is true and correct. I further certify that I am knowledgeable and intend to produce in accordance with good agricultural practices. I am aware I must also comply with any other local, state or federal laws. I understand that violations of these regulations may subject me to administrative civil penalties, and suspension and/or revocation of the Certificate and/or my privilege to participate in certified farmers' markets.

Certified Producer's Signature

County Agricultural Commissioner's Signature (or Commissioner's Enforcing Officer)

Signatory's Printed Name

Please include a list of authorized representatives who may conduct business on your behalf at certified farmers' markets and your farm lease (if applicable) with this application.