



**APPLICATION FOR AGENT'S LICENSE**  
**\$55.00 Application Fee Must Be Submitted With Application**  
**MAKE CHECK OR MONEY ORDER PAYABLE TO: CDFA 90295**  
**PLEASE PRINT CLEARLY OR TYPE**

FULL NAME OF APPLICANT				HOME TELEPHONE NUMBER
------------------------	--	--	--	-----------------------

HOME ADDRESS	PHYSICAL ADDRESS (No PO Boxes)	CITY	STATE	ZIP
--------------	--------------------------------	------	-------	-----

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE OR IDENTIFICATION NUMBER		
---------------	------------------------	--	--	--

BUSINESS ADDRESS	PHYSICAL ADDRESS	CITY	STATE	ZIP
------------------	------------------	------	-------	-----

HAVE YOU EVER HAD LICENSES ISSUED BY THE DEPARTMENT OF FOOD AND AGRICULTURE? YES NO

DO YOU OWE ANY CALIFORNIA FARM PRODUCT CREDITORS SUMS OVER 30 DAYS OR BEYOND THE PAYMENT TERMS? YES NO

HAVE YOU FILED BANKRUPTCY IN THE PAST 4 YEARS? IF YES, PLEASE NOTE CASE NUMBER BELOW. YES NO

HAVE YOU BEEN CONVICTED OF A CRIME THAT INCLUDES AS ONE OF ITS ELEMENTS THE FINANCIAL VICTIMIZATION OF ANOTHER PERSON? YES NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

**APPLICANT UNDERSTANDS THAT THE DEPARTMENT MAY ACCESS ANY AND ALL INFORMATION FROM CREDIT REPORTING AGENCIES AND ALL CRIMINAL RECORD INFORMATION IN CONSIDERATION OF THIS APPLICATION.**

\_\_\_\_\_  
SIGNATURE OF AGENT APPLICANT DATE

**\*\*APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ENDORSEMENT BELOW\*\***

MARKET ENFORCEMENT LICENSE NO. \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_

APPLICANT WILL BEGIN REPRESENTING OUR COMPANY AS AN AGENT ON \_\_\_\_\_  
DATE

NAME OR COMPANY NAME AS IT APPEARS ON LICENSE (PLEASE TYPE OR PRINT) \_\_\_\_\_

BUSINESS ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

PRINT OR TYPE FULL NAME \_\_\_\_\_ DATE

SIGNATURE (MUST BE OWNER, PARTNER, MEMBER OR CORPORATE OFFICER) \_\_\_\_\_

NOTE: THE PRINCIPAL LICENSEE IS RESPONSIBLE FOR THE ACTIONS OF HIS/HER AGENTS, IT IS THE RESPONSIBILITY OF THE PRINCIPAL TO SECURE THE SURRENDER OF THE AGENT'S LICENSE UPON TERMINATION OF EMPLOYMENT.

<b>Department Use Only</b>	
AGENT FEE	\$55 X ____ = _____
TOTAL FEES DUE	_____
RECEIVED	_____
O/S	_____
RECEIVED	_____
O/S	_____

The Department of Food and Agriculture has established time periods for processing of permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.