

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch  
 1220 N Street  
 Sacramento, CA 95814  
 (916) 900-5004  
 79-014 (Rev. 04/21)

**TO BE COMPLETED BY BRANCH CHIEF**

Permit Number

Expires

## APPLICATION AND PERMIT TO OBTAIN SPECIMENS FROM OFFICIAL MEAT INSPECTION ESTABLISHMENT

Name of Establishment Where Specimens are to be Obtained	Establishment No.
Address of Establishment Where Specimens are to be Obtained (include city, state, zip code)	
Name of Individual or Organization	Date of Request
Address of Individual or Organization (include city, state, zip code)	

The above applicant desires the following specimens not intended for human or animal food. The applicant agrees that the collecting and handling of this material shall be at such time and place and in such manner as to not interfere with inspection or to cause any objectionable condition.

1. Kind and Amount of Material Desired:

2A. Indicate Purpose of Collecting Specimens

Educational       Research       Other (*Specify*)

2B. Describe Use to be Made of the Specimens:

3. If specimens are to be used for "Research", (*Item 2A*), the following statement is applicable:

"The applicant agrees to Use These Specimen(s) for Research Purposes Only and Assumes Full Responsibility for Results of Research Involving These Specimens."

4. CONSENT OF THE OFFICIAL ESTABLISHMENT HAS BEEN OBTAINED TO REMOVE SPECIMENS DESCRIBED IN ITEM 1

5A. Title of Applicant:	5B. Signature of Applicant or Official of Organization
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I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.

### TO BE COMPLETED BY THE BRANCH CHIEF

Permission is herewith given to applicant to obtain and remove specimens described in item 1.

Signature	Title	Date
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