

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch  
1220 N Street  
Sacramento, CA 95814  
(916) 900-5004  
79-008A (Rev. 06/22)

Distribution:  
1 - Headquarters (Original)  
2 - Inspector (Copy)  
3 - Area Supervisor (Copy)

Date: \_\_\_\_\_

**LIVESTOCK MEAT INSPECTOR LICENSE APPLICATION**

**FEE \$100.00**

In accordance with Article 5 and 6, Chapter 4.1, Division 9, of the California Food and Agricultural Code, application is hereby made for a Livestock Meat Inspector (LMI) license . *Please Print with CAPITAL LETTERS.*

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

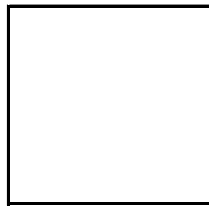
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

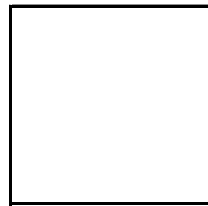
Sex:  F  M Height \_\_\_\_\_' \_\_\_\_\_" Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Do you speak and/or understand English?  Yes  No If not, what language(s) do you speak and/or understand?

**ATTACH TWO RECENT PHOTOGRAPHS** [Color photographs only; size should be approximately 1" x 1 1/4" (passport photo size); frontal view of face; use tape on the back of picture, do not use glue or staples.]



*Tape Photo Here*



*Tape Photo Here*

Plant name and address where LMI training and written, oral, and demonstration examinations can be given:

I understand the authority vested in this license is restricted to use in Custom Livestock Slaughterhouses licensed in California.

Licenses will be issued by the Department only to qualified persons who have passed written, oral, and demonstration examinations. Any changes in information provided above must be reported to the Meat, Poultry and Egg Safety Branch within 15 days. Obtaining all information requested is mandatory and required before a license can be issued according to requirements in Division 9 of the California Food and Agricultural Code.

**Mail application and One-Hundred dollar (\$100.00) fee to: MPES, Department of Food and Agriculture  
P.O. Box 942881, Sacramento, CA 94271. Please make check payable to: CDFA - 420**

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.