

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5004
79-009A (Rev. 06/22)

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

Date: _____

POULTRY MEAT INSPECTOR LICENSE APPLICATION

FEE \$100.00

In accordance with Section 25052, Article 4, Chapter 3, Division 12, of the California Food and Agricultural Code, application is hereby made for a Poultry Meat Inspector (PMI) license . *Please Print with CAPITAL LETTERS.*

Applicant First Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zipcode: _____

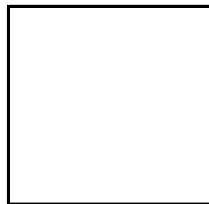
Home Phone: _____ Work Phone: _____ FAX : _____

E-Mail Address: _____

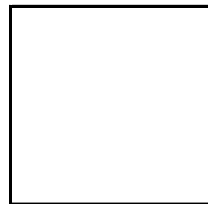
Sex: F M Height: _____' _____" Date of Birth: _____ Weight: _____ lbs. Hair: _____ Eyes: _____

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 PMI training and written, oral, and demonstration examinations can be given: _____

I understand the authority vested in this license is restricted to use in Poultry Plants 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.