



STATE of CALIFORNIA
 California Department of Food and Agriculture
 Animal Health and Food Safety Services
 Animal Care Program
CERTIFICATION APPLICATION

CDFA FORM
ACP-73-003
REV. 12/2023

DEPARTMENTAL USE ONLY					
DATE RECEIVED	ENTERED BY	DATE OF ON-SITE INSPECTION	APP STATUS	DATE ISSUED	CERTIFICATE NUMBER
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		CC

Submit a completed application via email, postal mail, fax, or in-person using contact information listed at the bottom of this application.

Applicant Type (Check One):		
<input type="checkbox"/> NEW APPLICATION <i>Complete Sections: 1, 2, 3, 4, and 6</i>	<input type="checkbox"/> APPLICATION RENEWAL <i>Complete Sections: 1, 5, and 6</i>	<input type="checkbox"/> UPDATE CONTACT INFO <i>Complete Sections: 1 and 6</i>

Section 1: Applicant Information					
Business Name:		Business Phone Number:		Business Email:	
Mailing Address:		City:		State:	Zip Code:
Name of Person Completing this Application:		Phone Number:		Email:	
If the applicant is a corporation, complete the following:					
Name of Person Authorized to Act on Applicant's Behalf:		Authorized Person's Phone Number:		Authorized Person's Email:	
Provide information for the authorized representative of the operation to be present during the on-site inspection:					
Name of Authorized Representative:		Authorized Representative's Phone Number:		Authorized Representative's Email:	

Section 2: Previous Applications to other Certifying Agents	
Have you previously applied to receive certification(s) related to Title 3 of the California Code of Regulations (CCR) §§ 1326-1326.22 from a certifying agent other than the California Department of Food and Agriculture? <input type="checkbox"/> Yes – complete this section <input type="checkbox"/> No – skip to Section 3	
If "Yes", provide information about the previous certification applications below:	
Name(s) of any previous Certifying Agent(s)	Year(s) of Application(s)
Describe the outcomes of the application submission(s). Attach a copy of any notice of noncompliance, notice of denial, or notice of suspension or revocation of certification issued by the certifying agent(s), if applicable. <i>Attach additional pages, if necessary.</i>	
Describe actions taken to correct the noncompliance noted in the notification of noncompliance, including evidence of such correction. <i>Attach additional pages, if necessary.</i>	

Section 3: Certified Producer Applicants

Are you applying to become a certified egg producer, veal producer, or pork producer, as defined in [3 CCR §1320. \(m\)](#) , [§1321. \(dd\)](#), and [§1322. \(u\)](#), respectively? Yes – complete this section No – skip to Section 4

If **yes to the previous question**, indicate which covered animal(s) are present at the facility to be certified. EGG LAYING HENS
 VEAL CALVES
 BREEDING PIGS

Provide a description of the type and quantity of covered animals to be produced at the facility for which certification is being requested. *Attach additional pages if necessary.*

Provide a description of animal confinement system used at this operation, including: the number of enclosures where covered animals are kept, usable floorspace per enclosure, and the maximum number of animals that can be housed in each enclosure. An enclosure is a structure (such as a cage, crate, pen) used to confine a covered animal or animals. *Attach additional pages if necessary.*

Is this application for a Split Operation, as defined in [3 CCR § 1326 \(y\)](#)? Yes No – skip next question

If a Split Operation, describe management practices, physical barriers, and Standard Operating Procedures (SOPs) to prevent commingling of compliant and noncompliant covered animals. *If not a split operation, leave question blank or enter "N/A". Attach additional pages if necessary.*

Are all covered animals kept at the location of the mailing address provided in Section 1? Yes No – provide physical address
(A **separate application** is required for **each location** where covered animals are produced.)

Physical Address:	City:	State:	Zip Code:
-------------------	-------	--------	-----------

Section 4: Certified Distributor Applicants

Are you applying to become a certified egg distributor, veal distributor, or pork distributor, as defined in [3 CCR §1320. \(k\)](#), [§1321. \(cc\)](#), and [§1322. \(t\)](#), respectively? Yes – complete this section No – skip to Section 5

If yes to the previous question, what covered product(s) are distributed from the facility to be certified? LIQUID EGGS
 SHELL EGGS
 WHOLE VEAL MEAT
 WHOLE PORK MEAT

Provide a description of the types and quantities of covered product(s) to be distributed at the facility for which certification is being requested. *Attach additional sheets if necessary.*

Is this application for a Split Operation, as defined in [3 CCR § 1326 \(y\)](#)? Yes No – skip next question

If a Split Operation, describe management practices, physical barriers, and Standard Operating Procedures (SOPs) to prevent commingling of compliant and noncompliant covered product(s). *If not a split operation, leave question blank or enter "N/A". Attach additional pages if necessary.*

Does the distribution of covered product(s) occur from the location of the mailing address provided in Section 1? Yes No – provide physical address

Physical Address:	City:	State:	Zip Code:
-------------------	-------	--------	-----------

Section 5: Continuation of Existing Certification(s) Applicants (Renewals)

Are you applying to continue certification as a certified producer or distributor with the California Department of Food and Agriculture? Yes – complete this section No – skip to Section 6

To continue certification, provide your current certification number and answer the following questions. CC _____

Provide a summary statement, supported by documentation, detailing any deviations from, or changes to, information submitted on the previous year's application, including but not limited to any additions to or deletions from the information required pursuant to sections 1, 3, and 4 of this application form. *Attach additional pages if necessary.*

Blank space for providing a summary statement.

Provide an update on the correction of any noncompliance previously identified by the California Department of Food and Agriculture as requiring correction for continued certification, if applicable. *Attach additional pages if necessary.*

Blank space for providing an update on the correction of any noncompliance.

Section 6: Completion of Application

To be signed by an owner, a member of the partnership, or an officer of the corporation:

By signing this application, you declare that all information is complete, accurate, and truthful, and you agree to comply with [Health and Safety Code §§ 25990-25994](#) and [3 CCR §§ 1320-1327.3](#), including **on-site inspections**. **Certification is renewed annually.**

Signature:	Printed Name:
Position/Job Title:	Date: