

STATE OF CALIFORNIA  
 DEPARTMENT OF FOOD AND AGRICULTURE  
 INSPECTION & COMPLIANCE BRANCH  
 DIRECT MARKETING PROGRAM  
 51-049M (Rev. 09/2020)

FOR OFFICIAL USE ONLY
Issuing County:
Certificate Number:
Issue Date:
Expiration Date:
Amended Date:
Copies Issued:
County Fee:

## APPLICATION/CERTIFICATE FOR CERTIFIED PRODUCER'S CERTIFICATE

*THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED AT POINTS OF SALE*

PRODUCER INFORMATION			
Name of Producer			
Farm or Ranch Name		DBA (Doing Business As - If Applicable)	
Producer's Mailing Address		City	State Zip
(____) _____	(____) _____		
Phone Number	Fax Number	Email	

PRODUCTION SITE INFORMATION	
Production Site 1 Address	Site Acreage
Production Site 2 Address	Site Acreage
Production Site 3 Address	Site Acreage
Production Site 4 Address	Site Acreage

For additional production sites, please complete a Certified Producer's Certificate Supplement form.

STORAGE LOCATION
Storage Location (A)
Storage Location (B)

