



RON CHAPMAN, MD, MPH
 Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
 Governor

Food and Drug Branch
 P.O. Box 997435, MS 7602
 Sacramento, CA 95899-7435
 (916) 650-6500

LICENSE / REGISTRATION VERIFICATION REQUEST

Requestor: Complete Items 1-6 only, then forward to California Department of Public Health, Food and Drug Branch at the address above.

1. Name of Firm or Exemptee / DBA			
2. Facility Address (number, street)			
3. City	State	ZIP Code	
4. Type of Firm: <input type="checkbox"/> Retailer <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturer			
5. Requestor's Name:			
6. Requestor's Address:			
City	State	ZIP Code	
Requestor's Mailing Address (if different or P.O. Box number)			
City	State	ZIP Code	
DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY			
License Type	License Number	Date Issued	Expiration Date
License / Registration Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Expired <input type="checkbox"/> No record of firm / individual <input type="checkbox"/> Application received / license pending			
Official Signature/ Title:		Date:	