State of California
Department of Food and Agriculture
Standardization/CA Citrus Programs
51-022-R (Rev. 07/2019)

1220 N Street
Sacramento, CA 95814
Phone: (916) 900-5030
Fax: (916) 900-5345

RENEWAL REQUEST FOR EXPERIMENTAL PERMIT

Permit Number Requested to Be Renewed: _____ **Commodity:** _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email Address: _____

Is this the address where the permit will be used and/or shipment records will be kept? ☐Yes ☐No

If NO, Explain: _____

_____

Number of Containers Shipped Under Previous Permit: _____

Shipment Dates Permit Was Used:

Date of FIRST Shipment: / / Through LAST Shipment Date: / /

Has any information changed regarding container manufacturer/supplier?: ☐Yes ☐No

If YES, Explain: _____

_____

Please fax or attach a copy of the permit with request for renewal

Signature of applicant:	**Date:**