

**SAN LUIS OBISPO COUNTY
CERTIFIED PRODUCER'S CERTIFICATE
APPLICATION
Certificate Holder (Mailing Address)**

Office Use Only	
Cert #:	_____
Cert. Fee: \$	_____
Insp. Fee: \$	_____
Mod. Fee: \$	_____
Copies \$	_____
Receipt #:	_____

Name: _____ Title: _____
 DBA: _____ Res Phone: _____
 Address: _____ Bus Phone: _____
 City: _____ Zip: _____

Growing Locations

Storage Locations & Type(s) (If Any)

1. _____
 2. _____

3. _____
 4. _____

Location #	Commodity & Variety	Acres or Number & length of rows; pots, trees, or square feet for greenhouses	<u>Harvest Season</u>	# of boxes or pounds, gallons, stems or bunches

List all County(s) where you are authorized to sell:

Cert. Producer you are authorized to sell for:	Their issued Co. Certificate No:	Cert. Producer(s) authorized to sell for me :	Their issued Co. Certificate No:
	Expiration:		Expiration:

* I hereby agree to comply with the terms of the California Food and Agricultural Code, Division 17, Chapter 10.5 and also California Code of Regulations, Title 3, Chapter 3, Subchapter 4, Article 6.5 - pertaining to Direct Marketing.

* _____
 Applicant signature

* _____
 Date