



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



Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
1-800 495-3232 Toll Free

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	Email
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:	