



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
<b>License / Registration Status:</b>			
<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:
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