

WATER HAULER'S LICENSE APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED
See Page 2 for Instructions.

NEW APPLICANT RENEWAL APPLICANT RELOCATION OWNERSHIP CHANGE OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)	
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ()	11. Facility FAX Number ()
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()	13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)	
5. City	State	ZIP Code	15. Correspondent Telephone Number ()	16. Correspondent FAX Number ()
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)	
8. City	State	ZIP Code	20. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A	
21. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____				
22. Corporate Name (if applicable)			State of Incorporation	
23. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles	

24. List All Vehicle License Numbers or VIN Numbers AND identify any NEW vehicles that will require an inspection before a sticker can be issued.	Location of Vehicle	Transport	
		Gallonge	Category* (B or X)

* Water Product Transport Categories: B = Potable Water and ANY Food Product X = Potable Water ONLY

LICENSE FEE: \$473.00 (Fee is Non-Refundable)	MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH See Page 2 for Mailing Address.
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By signature, I declare under penalty of perjury that all information provided herein is true and correct.

25. Signature		Date
Print Name		Print Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount
				\$

Water Hauler License Application Instructions

Please Type or Print Your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Water Hauler's License under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Water Hauler's License and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.-5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.-8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter the daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter the facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located, if outside of the United States.
18. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box adjacent to the appropriate legal description of the business' ownership.
22. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
24. **Vehicle License Number, Location, Gallonage, and Category:** For each water hauler, enter the vehicle license number or Vehicle Identification Number (VIN) of each vehicle, the street address and city where each vehicle is stored, the tank capacity in gallons, and whether it is used for potable water and food (category B) or only potable water (category X). Identify any new vehicles, which will require inspection prior to issuance of a sticker. Attach additional sheets if necessary.
25. **Sign the application, enter date signed, and print your name and title.**

**** LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES**

MAKE CHECKS PAYABLE TO:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAIL APPLICATION AND CHECK TO:

Regular Mail: California Department of Public Health
Food and Drug Branch - Cashier
MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
Food and Drug Branch - Cashier
1500 Capitol Avenue, MS-7602
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.