



For Office Use Only
 Fee Paid
Receipt # _____

County of Tulare
Livestock Pass Program Application

Name: _____

Farm or Ranch Name: _____

Qualified Livestock Producer Manager

Contact Number: _____

Mailing Address: _____

Business Address: _____

Residential Address: _____

Please choose from the following that best describes you: **Please provide documentation if applicable*

Valid Operator Identification Number or Restricted Material Permit Holder

Operator ID # or Restricted Material # _____

Registered Certified Producer or Organic Grower

Commercial Livestock Operation

25 or More head of livestock

APN # of Livestock Location (If Applicable): _____

Is the property leased? Yes No - *If yes, we will need Land Lease Documentation*

Driver's License, Real ID, Gov't ID #: _____

Signature _____

Date _____

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Training Completed? (After 2nd year) Provide Date: _____

Liability Waiver Signed

Letter of Authorization from Owner (Manager)

Letter of Verification from Brand Inspector)

Copy of Driver's License, Real ID, Gov't ID

Detailed Map of Livestock Location

Approximate # of Livestock at this location _____

Misc. Documentation

Approved / Declined

Signature & Title _____

Date _____