

**ED KING**  
Agricultural Commissioner  
Sealer of Weights and Measures



**DEPARTMENT OF AGRICULTURE**  
Mailing: 675 Texas Street, Fairfield, CA 94533  
Phone (707) 784-1310 Fax (707) 784-1312

### AUTHORIZED REPRESENTATIVE AUTHORIZATION FOR CERTIFIED PRODUCERS

**Certified Producer:**

\_\_\_\_\_

CERTIFIED PRODUCER (PRINT NAME)

\_\_\_\_\_

CERTIFIED PRODUCER CERTIFICATE (CPC) #

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_

PHONE NUMBER

I certify that I am a Certified Producer as defined by Title 3 of the California Code of Regulations Section 1392.2. The authorized representatives named below may conduct business on my behalf at a Certified Farmers' Market (CFM). As my authorized representatives, they are responsible for following all of the conditions of Direct Marketing as set forth in Title 3 of the California Code of Regulations Section 1392.4. This authorization shall remain in effect until I revoke it in writing to the Agricultural Commissioner.

\_\_\_\_\_

SIGNATURE OF CERTIFIED PRODUCER

\_\_\_\_\_

DATE

**Authorized Representatives:**

1 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

6 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

2 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

7 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

3 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

8 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

4 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

9 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

5 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

10 \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINT NAME)

Received By: \_\_\_\_\_

INITIALS

DATE