

**WATER HAULER'S LICENSE APPLICATION**

**Incomplete applications will be returned.** See Page 3 for Instructions.

License Number (if not new):

- NEW APPLICANT**       **RENEWAL APPLICANT**  
 **OWNERSHIP CHANGE**     **RELOCATION**—Previous Address:

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Interstate Commerce:  Product Shipped     Product or Raw Materials Received     N/A

12. Type of Ownership  
 Individual/Sole Proprietorship     Partnership     Corporation     Limited Liability Company     Nonprofit  
 Other:

13. Owner's Name / Corporate Name (if applicable)      State of Incorporation

14. Owners' or Officers' Names and Titles      Owners' or Officers' Names and Titles

15. 1. List All Vehicle License Numbers <b>AND</b> VIN Numbers. 2. Identify NEW vehicles that will require an inspection before a sticker can be issued.	Location of Vehicle	Transport		
		Are you adding this vehicle to an existing license?	Gallonage	Category* (B or X)

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

**16. List All Current and/or Proposed Potable Water Sources (municipal and/or private) for Hauled Water**

a. Water Source	b. Municipal OR Private	c. Address or Contact Information	d. Potable Use (drinking; shower; food prep; plumbing; all the above)

**LICENSE FEE: \$619.00**  
**(Fee is Non-Refundable)**

**MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH**  
See Page 4 for Mailing Address.

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 110475. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

17. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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***Authorized representatives and/or signatories:***

18. Business Operator Name	19. Telephone Number	20. Emergency Number	21. E-Mail Address
22. Correspondent Name	23. Telephone Number	24. Alternate Phone#	25. E-mail Address

**-End of Application-**

**Please note: All boxes must be completed. Incomplete applications will be returned.**

**Do Not Write Below This Line**

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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## Instructions for Completing the Water Hauler's License 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 is adding or changing vehicles to an existing license, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter 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 or P.O Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
11. **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.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Vehicle License Number, Location, Gallonage, and Category:** 1. For each water hauler, enter the vehicle license number AND 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). 2. Identify all new vehicles, which will require inspection prior to issuance of a sticker. Attach additional sheets if necessary.
16. **List All Current and/or Proposed Potable Water Sources (municipal and/or private) for Hauled Water:** a) Name Water Source; b) indicate whether source is municipal or private; c) provide address or contact information; d) list water uses.
17. **Owner's Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.
18. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
19. **Business Telephone Number:** Enter the daytime business telephone number for your business.
20. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
21. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
22. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.

- 23. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
- 24. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
- 25. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please make all checks payable to: <b><u>CA Department of Public Health</u></b> Mail Application and checks 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 (800) 495-3232 if you have additional questions about this application.**