

**CHANGE OF INFORMATION FOR  
PERMITTED ANIMAL FEEDING  
OPERATION**

**RETURN COMPLETED FORM TO:  
The Regional Board that administers your  
permit. Please see attached list. If you need  
further assistance contact the Fee Unit at  
(916) 341-5247**

**Facility Information:**

WDID Number: \_\_\_\_\_ Date of most recent fee payment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Facility Name: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Facility Location: \_\_\_\_\_  
STREET CITY COUNTY

**Contact Information:**

Facility Operator: \_\_\_\_\_  
NAME PHONE

\_\_\_\_\_  
STREET CITY ZIP

Billing Contact: \_\_\_\_\_  
(If different) NAME PHONE

\_\_\_\_\_  
STREET CITY ZIP

**Animal Information / Population:**

Dairy: Type: Cow  Goat  Number of mature animals: \_\_\_\_\_

Feedlot: Type: Cattle  Veal  Heifers  Number of animals: \_\_\_\_\_

Finishing Yard / Auction Yard: Number of animals: \_\_\_\_\_

Other: Swine  Sheep  Horse  Number of animals: \_\_\_\_\_

Poultry: Layers  Broilers  Ducks  Turkeys  Liquid Manure System: Yes  No

Number of birds: \_\_\_\_\_

**Certification Under an Environmental Management Program:**

The facility is currently certified under the following program: CDQAP

Date of Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**Certification by Preparer**

*I, the undersigned, certify under penalty of law that this document was completed under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

**REGIONAL BOARD ADDRESSES  
PHONE CONTACT**

(916) 341-5247 FAX: (916) 341-5248

**North Coast RWQCB**

Attn: AFO Coordinator  
5550 Skylane Boulevard, Suite A  
Santa Rosa, CA 95403

**San Francisco Bay RWQCB**

Attn: AFO Coordinator  
1515 Clay Street, Suite 1400  
Oakland, CA 94612

**Central Coast RWQCB**

Attn: AFO Coordinator  
895 Aeruvista Place, Suite 101  
San Luis Obispo, CA 93401

**Los Angeles RWQCB**

Attn: AFO Coordinator  
320 W. 4th Street, Suite 200  
Los Angeles, CA 90013

**Central Valley RWQCB, Fresno**

Attn: AFO Coordinator  
1685 E Street  
Fresno, CA 93706

**Central Valley RWQCB, Redding**

Attn: AFO Coordinator  
415 Knollcrest Drive  
Redding, CA 96002

**Central Valley RWQCB, Sacramento**

Attn: AFO Coordinator  
11020 Sun Center Drive, Suite 200  
Rancho Cordova, CA 95670-6114

**Lahontan RWQCB, South Lake Tahoe**

Attn: AFO Coordinator  
2501 Lake Tahoe Boulevard  
South Lake Tahoe, CA 96150

**Lahontan RWQCB, Victorville**

Attn: AFO Coordinator  
14440 Civic Drive, Suite 200  
Victorville, CA 92392

**Colorado River Basin RWQCB**

Attn: AFO Coordinator  
73-720 Fred Waring Drive, Suite 100  
Palm Desert, CA 92260

**Santa Ana RWQCB**

Attn: AFO Coordinator  
3737 Main Street, Suite 500  
Riverside, CA 92501

**San Diego RWQCB**

Attn: AFO Coordinator  
9174 Sky Park Court, Suite 100  
San Diego, CA. 92123