



County of Santa Clara

Livestock Pass Program Application

Name: _____

Farm or Ranch Name: _____

Commercial Livestock Producer * Manager*

Best contact number phone during a disaster: _____

Mailing address: _____

Type of livestock operation: _____

Typical number of Head or Hives, at high point in season: _____

Please include one document from the list below; AND maps of all lands owned or managed, including parcels in neighboring counties, by the applicant for which disaster access is sought.

- An operator identification number or restricted materials permit issued by a county agricultural commissioner.
- An Internal Revenue Service Schedule F (Form 1040) attesting to the applicant's Profit or Loss From Farming.
- Assessor's parcel numbers confirming agricultural zoning for the property or properties upon which access is sought.
- Agricultural land lease documentation.
- Documentation attesting to the applicant's enrollment in a Williamson Act.
- Documentation from the United States Department of Agriculture Farm Service Agency attesting that the applicant is a commercial livestock producer.
- Current registration of a livestock brand with the Bureau of Livestock Identification.

Signature _____

Date _____

**Passes will only be issued to owners of a livestock operation or a managerial employee*

For Office Use Only

Approved / Declined

Signature & Title _____

Date _____