



STANISLAUS COUNTY
DEPARTMENT OF AGRICULTURE & WEIGHTS AND MEASURES
 3800 Cornucopia Way, Suite B
 Modesto, CA 95358
 P: 209-525-4730
www.stanag.org
aqcom50@stancounty.com

Ag Livestock Pass Application

Business Information

Business/Ranch Name: _____

Owner/Operator Name: _____

Contact Number(s): _____

Mailing Address: _____

Email Address: _____

Pass Criteria

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The operation is located within the State Responsibility Area (SRA). The SRA is recognized as an area where CalFire is the primary fire emergency responder. Use this map link to determine if your location is with the SRA. |
| <input type="checkbox"/> | <input type="checkbox"/> | The property is zoned agricultural and a minimum of twenty (20) acres in size; stocked with a minimum of twenty (20) head of livestock or twenty (20) beehives. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each passholder must be an owner, operator, or managerial employee of a verifiable commercial livestock operation with a working knowledge of the property and access to essential infrastructure. Proof of commercial operation must be provided, see "Operation Qualification" section below for possible documentation. |

Commercial Operation Qualification

Select and provide any two (2) of the following:

- An operator identification number issued by a county agricultural commissioner.
- An IRS Schedule F (Form 1040) attesting to the applicant's Profit or Loss From Farming.
- Assessor's parcel numbers confirming agricultural zoning.
- Agricultural land lease documentation.
- Documentation attesting to the applicant's enrollment in a Williamson Act contract.
- Documentation from the USDA FSA attesting that the applicant is a commercial livestock producer.
- Current registration of a livestock brand with the Bureau of Livestock Identification.

Livestock

Total Number of Head/Hives: _____

Type of Livestock: _____

Brand(s): _____

Other Markings: _____

Other Information: _____

Locations

Attach maps for each location showing entry points and water sources.

Location, Address, APNs	Head Count	Months of Use



Each Livestock Pass also requires a photo of the individual's head and shoulders, similar to a passport photo. We accept digital (electronic) photos in .JPG format, not more than 500 KB in size. Please send ID Card photos to the following email address: agcom50@stancounty.com. We are unable to accept non-electronic photos. If you would prefer to be photographed by the Agricultural Commissioner's Office, you may arrange to make an appointment by calling 209-525-4730 or emailing agcom50@stancounty.com.

During times of restricted access during emergency road closure caused by a disaster, this pass enables the owner or their managerial employee the ability to gain needed and legitimate access to provide feed, water, medical treatment, and other care to commercial livestock. All persons must immediately depart the restricted area by the same route as entry. Transportation of animals shall be at the discretion of law enforcement. An escort may be required in any instance. Access granted under this pass is **not guaranteed** and will be at the discretion of law enforcement and emergency command. Said access, if granted, is taken at the sole risk and responsibility of the passholder and employer.

To complete your application and to receive your new Ag Livestock Pass card, you are required to participate in an Ag Pass training session. Trainings are four (4) hours in length. Please contact the Stanislaus County Agricultural Commissioner's Office to learn where and when the training will be offered.

Stanislaus County's Livestock Pass Program is in compliance with AB1103. Information about the legal requirements of Livestock Passes can be found in the [Food and Ag Code Division 2 Chapter 4 Section 2350](#).

Primary Passholder

Name: _____ Birthdate: _____
Contact Number(s): _____ Driver's License: _____
Position: Commercial Livestock Owner/Operator Managerial Employee
Mailing Address: _____
Email Address: _____
Signature: _____ Date: _____

Additional Passholder

Name: _____ Birthdate: _____
Contact Number(s): _____ Driver's License: _____
Position: Commercial Livestock Owner/Operator Managerial Employee
Mailing Address: _____
Email Address: _____
Signature: _____ Date: _____

Additional Passholder

Name: _____ Birthdate: _____
Contact Number(s): _____ Driver's License: _____
Position: Commercial Livestock Owner/Operator Managerial Employee
Mailing Address: _____
Email Address: _____
Signature: _____ Date: _____





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AG LIVESTOCK PASS WAIVER AND RELEASE AGREEMENT

In exchange for permission to participate in the Ag Pass Program and its associated training course (referred to below as "Activity") I ("Participant") hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the County of Stanislaus and its officers, officials, employees, and volunteers ("County") as a result of my participation in the Activity.

I agree that my participation in the Activity will at all times be as an uncompensated volunteer or participant, not as an employee of the County, and that I will not receive or claim entitlement to any compensation or benefit of employment.

This release is intended to discharge the County, from and against any and all liability arising out of or connected in any way with my participation in the Activity, even though that liability may arise out of the negligence or carelessness on the part of the County.

I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the County who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. I further understand that any pass/permit issued covers access only to specific locations and the direct access route to/from said location; stopping along access routes are strictly prohibited and participants, officers, agents, employees, volunteers, or representatives shall not wander, loiter, or otherwise meander from the above listed location, and shall be subject to immediate arrest for trespass into restricted areas and prosecuted to the fullest extent of the law. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I HAVE READ THIS ENTIRE DOCUMENT, AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

Signature of Volunteer/Participant (signed)

Date

Name of Volunteer/Participant (printed)

Signature of Owner/Operator (signed)

Date

Name of Owner/Operator (printed)