Monterey County Animal Services
Field Services: 160 Hitchcock Road, Salinas, CA 93908 * (831) 769-8856

Rooster Keeping Operation
Educational/FFA/4-H Exemption Application
Form 110 (Monterey County Code section 8.50.110A, (3) and (4)

Instructions:
1. Complete application form to include required documentation
2. Submit complete application with required documentation - no fee required.

Please Read Carefully and Print Legibly!

Rooster Owner Contact Information

Applicant Name (Minor) ________________________________________________________________

Legal Guardian/Parent _________________________________________________________________

Mailing Address __________________________________ City __________ State _____ Zip _____

Legal Guardian/Parent Phone Number ___________________ 2nd Phone Number ________________

Legal Guardian/Parent Email Address ___________________________________________________

Location of Rooster Keeping

Address: _____________________________________________________________

• Assessor’s Parcel Number (APN) ____________________________________________

Number of roosters subject to requested exemption: __________________________

Breed of roosters: ____________________________________________________________

Checklist of Required Documentation

Your application will be considered incomplete without one or more of the following as applicable:

☐ Written verification from minor’s school, registered with the California Department of Education, that the minor is a participant in the school’s educational project operated by that school;

☐ A copy of the minor’s membership card in FFA or 4-H;

☐ Other evidence of the minor’s membership in the Future Farmers of America or University of California 4-H Youth Development Program.
Legal Guardian/Parent Signature and Representations

By signing below, I represent that all information set forth in this application, and all supporting documentation, is true and accurate.

By signing below, I attest that I have no criminal convictions for illegal cockfighting or other crimes of animal cruelty in any state and that roosters to be kept pursuant to this permit have not been and shall not be raised for, used for, sold for otherwise be made available for illegal cockfighting.

By signing below, I understand and agree that any exemption granted pursuant to this application is valid until the minor’s participation in the educational/FFA/4-H project identified, or similar projects, concludes and that the exemption granted pursuant to this application expires when the minor’s participation in these projects ceases. I understand and agree that no exemption granted pursuant to this application is valid for longer than five (5) years from the date the exemption is approved.

____________________________________________________  _________________________
Legal Guardian/Parent Signature                              Date

Submit completed exemption application and required documentation to:

Monterey County Animal Services
Email: mcasfieldservices@co.monterey.ca.us
Mail: Attn: Rooster Keeping Exemption, 160 Hitchcock Road, Salinas, CA 93908
Fax: (831) 769-8865

- Monterey County Animal Control Officer Only -

The Monterey County ACO has reviewed and APPROVED the request for exemption to MCC Chapter 8.50, Rooster Keeping Operations. This office approves the exemption as:

☐ Minor is a public or private school student participating in an educational project
☐ Minor is an FFA / 4-H member participating in an FFA/4-H project

Reviewed and authorized by:

_______________________________  _________________________  _______________________
MC ACO Name                     Signature                           Date

- Monterey County Animal Control Officer Only -

The Monterey County ACO has reviewed and DENIED* the request for exemption to MCC Chapter 8.50, Rooster Keeping Operations. This denial is based on the following:

☐ Failure to provide proof of involvement in school / FFA / 4-H project

*Pursuant to Section 8.50.110.B.12, an appeal of this denial is permissible.

Reviewed and authorized by:

_______________________________  _________________________  _______________________
MC ACO Name                     Signature                           Date