

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

REVISED June 21, 2012

APPLICATION FOR A DAIRY FARM PERMIT

This application must be accompanied by: 1) A recent farm inspection report; 2) A negative farm water supply test within 30 days of the date the permit is issued; and 3) For goats and sheep, proof the entire herd or flock has been tested for Brucellosis within the past twelve months.

1. GRADE OF MILK PRODUCED (GRADE "A" OR MANUFACTURED): _____

2. THIS PERMIT IS FOR (COWS, GOATS, SHEEP, etc.) LIST ONLY ONE: _____

3. ISSUE PERMIT TO: The permit may be issued to any individual(s), plant operator(s), partnership, corporation, company, firm, trustee, or institution. If a partnership, corporation, company, firm, trustee, or institution, the permit application must be accompanied by the articles of incorporation, partnership agreement, or trust document, identifying the names, titles, and addresses of all responsible officials for the entity.

No permits may be issued to minors (persons under 18 years of age).

ISSUE PERMIT TO: (Please Print)

4. PERMIT ADDRESS: The actual location of the dairy farm should be listed. Please list the UPS delivery address. (Please Print)

Address 1: _____

Address 2: _____

City/State/Zip: _____

5. TRADING AS NAME: If the dairy farm will not be trading in the name to which the permit is issued, list the trading as name (name of farm or other name). (Please Print)

Trading as Name

6. CORRESPONDENCE NAME AND ADDRESS: Please designate the name of one permit holder and their mailing address to whom all milk sample reports and official correspondence may be sent. (Please Print)

Mr.

Ms.

Correspondence Name: Mrs. : _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

7. MILK MARKETING COOPERATIVE OR NAME AND ADDRESS OF MILK BUYER: If independent, write "independent". (Please Print)

8. **NAME(S) AND PHONE NUMBER(S) OF RESPONSIBLE PERSON(S) TO CONTACT:** (Please Print)

_____ (_____)		
Name	Area Code	Number
_____ (_____)		
Name	Area Code	Number

9. **DAIRY FARM OWNER'S NAME, ADDRESS, AND PHONE NUMBER:** (Please Print)

Owner's Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

10. **SIGNATURE(S) OF PERSON(S) TO WHOM PERMIT IS TO BE ISSUED:** All persons listed on the permit must sign and date below.

_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date

OFFICE INFORMATION, TO BE COMPLETED BY THE INSPECTOR:

FARM INSPECTOR: _____ FARM INSPECTOR NUMBER: _____

PRODUCER PATRON NUMBER: _____ TANK ID NUMBER(S): _____ COOP BTU _____

FARM IS LOCATED IN THE COUNTY/INDEPENDENT CITY OF: _____

IS FARM LOCATED WITHIN 50 MILES OF NORTH ANNA NUCLEAR POWER PLANT? ___ YES ___ NO

IS FARM LOCATED WITHIN 50 MILES OF SURRY NUCLEAR POWER PLANT? ___ YES ___ NO

IS FARM LOCATED WITHIN 50 MILES OF NORFOLK NAVAL NUCLEAR POWER STATION? ___ YES ___ NO

NO WATER SAMPLE NECESSARY, FARM SUPPLIED BY A PUBLIC WATER SUPPLY SYSTEM: ____ YES ____ NO

ISSUE DATE OF PERMIT: _____

SIGNATURE OF INSPECTOR: _____
DATE