

## INDIANA STATE BOARD OF ANIMAL HEALTH **DAIRY DIVISION**

Discovery Hall 1202 East 38th Street, Suite 100 Indianapolis, IN 46205-2898 Telephone number: (317) 544-2400 Fax number: (317) 974-2011

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a bulk milk hauler / sampler permit.

- INSTRUCTIONS: 1. Please print clearly.
  - 2. Before the application can be considered, it must be filled out completely.
  - 3. If you do not make yourself available for inspection every two (2) years, the renewal permit will not be issued.
  - 4. Please complete this form and return it via fax or mail to the address above.

Permit issued		Bulk hauler permit number			
		BH -			
Please check one: Please check if applicable:					
☐ New ☐ Renewal ☐ Field representative ☐ In-line sampler approval requested					
Name of applicant					
Address of applicant (number and street, city, state, and ZIP code)					
Telephone number Cell phone number			Fax number	Fax number	
( )	( )		( )		
Grade of milk hauled Grade A Manufacturing grade Both					
Name of milk route owner					
Address of milk route owner (number and street, city, state, and ZIP code)					
Bulk Tank Unit (BTU) number(s)		Route number(s)			
Name of plant regularly haul to					
Location of plant		County in which you pickup the majority of your stops			
I hereby apply for a Bulk Milk Hauler / Sampler Permit. I agree to comply with Indiana Rules and Regulations concerning Bulk Milk Collection and Sampling Operations in performing as a bulk milk hauler in the State of Indiana. This is to affirm under penalty of perjury that the above facts are true.					
Signature of applicant		Date of signature (month, day, year)			
This is to certify that the applicant has been thoroughly inspected and follows proper methods when collecting, sampling and grading bulk milk. I hereby approve this application and recommend that a permit be issued. Authorized signature required for new permits only.					
Signature of authorized representative of the Board of Animal Health			Date of signature (month	Date of signature (month, day, year)	