



DAIRY FARM APPLICATION FOR PERMIT TO SELL RAW MILK FOR PASTEURIZATION

State Form 38018 (R5 / 8-17)

**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

Permit number F - - - - - 18	BTU number	Route number
Receiving plant or association		Producer number
Premise identification	Latitude	Longitude

Grade of milk (check one) <input type="checkbox"/> Grade A <input type="checkbox"/> Manufactured Grade	Check one: <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Direct Load <input type="checkbox"/> Silos <input type="checkbox"/> Cans		
<input type="checkbox"/> Name change (must be same family to qualify as a name change)	Relationship		
<input type="checkbox"/> New farm	Have blueprints been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date blueprints were submitted (month, day, year)	If no, attach blueprints to this application.
<input type="checkbox"/> New operator approval on existing farm (requires approval inspection)			
<input type="checkbox"/> Change farm contact information for LLC, Inc., etc. (farm name remains the same)			

APPLICANT INFORMATION			
Name of applicant (This name will appear on the permit.)			County / township
Telephone number ()	Fax number ()	Cellular number ()	E-mail address
Name of farm (if different from name of applicant)			
Address of farm (number and street, city, state, and ZIP code)			
Mailing address (if different from address of farm) (number and street, city, state, and ZIP code)			
Responsible party contact information (if different from applicant)			Telephone number ()
Mailing address of responsible party (number and street, city, state, and ZIP code)			
Directions to farm from nearest town (include road numbers)			

Present milk market, if any			Grade of milk sold (check one) <input type="checkbox"/> Grade A <input type="checkbox"/> Manufactured Grade
Has this farm held a dairy farm permit at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, under what name?		Indiana permit number

I hereby request an inspection of my dairy facility by a representative of the Indiana State Board of Animal Health. To the best of my knowledge and understanding, it is in compliance with all requirements of the State of Indiana for the production and sale of raw milk for pasteurization. I further understand that I shall be expected to remain in compliance with these requirements. Permission is hereby granted to authorized personnel to enter upon these premises at all reasonable times for the purpose of inspecting this dairy facility for the issuance of a permit and to determine continued compliance with requirements applicable to such permit.

Signature of applicant	Date (month, day, year)
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This is to certify that I have reviewed the dairy facility, milking procedures and the sanitation of equipment and premises of this applicant and found it to be in compliance with the requirements for the production and sale of raw milk for pasteurization and I believe the facility to be ready for approval inspection.

Signature of field representative	Date (month, day, year)
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This is to certify that I have inspected the dairy facility of this applicant and found it to be in compliance with the requirements of the State of Indiana for the production and sale of raw milk for pasteurization. This facility is approved for permit issuance.

Signature of BOAH representative	Date (month, day, year)
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