

## 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 milk route / truck permit.

- INSTRUCTIONS: 1. Please print clearly.

  - Product print ordary.
     Only one tank permit for each application. Permits must be renewed each year.
     Before the application can be considered, it must be filled out completely, signed by the applicant, and the tank inspected.
  - 4. Renewal permits will only be issued if tank / truck is inspected within the last year.
  - 5. Please complete this form and return it via fax or mail to the address above.

Permit issued		Tag(s) issued					
Please check one:       □ New □ Renewal       □ Bulk farm route truck □ Can mil			e truck	Ove	er the road (OTR) transport tank		
Name of applicant				Permit	number		
Address (number and street, city, state and ZIP code)							
Telephone number	Cell phone number				Fax number		
( )	( )				( )		
Bulk Tank Unit (BTU) number(s)  Route number(s)							
Bulk tank serial number and make			Is this the same truck permitted last year?   Yes   No				
If No, does this truck replace another?	r replaced	Licens	License plate number of truck				
List states and/or plants you regularly unload in							
Other products hauled or handled							
This is to affirm under penalty that the above facts are true and that I am complying and will continue to comply with all laws and rules pertaining to my business.							
Signature of applicant				Date of signature (month, day, year)			
This is to affirm that I have examined said vehicle and find it in compliance with the rules, and I hereby approve this application and request the issuance of a permit. Authorized signature required for new trucks only.							
Signature of authorized representative of the Board of Animal Health					Date of signature (month, day, year)		