

The Dairy Products Association of Kentucky

Nomination Form for

Kentucky Quality Dairy Producer Award 2014

The purpose of the Kentucky Quality Dairy Producer Award is to recognize the producer who best exemplifies quality milk production in Kentucky. The contest is open to all Kentucky dairy producers. Applications may be submitted by producers themselves or by professionals who serve the dairy industry such as dairy field representatives, veterinarians, dairy extension personnel, and milk haulers. These individuals should work with the dairy producers to complete the application. All applications should be sent to DPAK Executive Office, David Klee 514 General John Payne Blvd. Georgetown, KY 40324.

Applications should be based on a year's criteria with the yearly period running October 1, 2013 through September 30, 2014. All nominees are required to have valid permits from the Cabinet for Health Services, Milk Safety Branch during this period. Applications must be post marked or delivered to DPAK no later than December 31, 2014.

NOMINATOR

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ FAX: _____

Position: (Check one) _____ Veterinarian _____ Extension _____ Fieldstaff _____ Other

If other, please specify: _____

FARM DATA

Farm Name: _____

Producer Permit Number: _____ Producer Patron number (if different): _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Barn/Office Phone: _____ FAX: _____

E-mail address: _____

Years dairying in this facility? _____ Number of Milk Cows: _____

Breed: _____ Number of Milkings per Day: _____

DHIA member (Y/N) _____ Other testing service: _____

Current Rolling Herd Average: Milk: _____ Protein: _____ Fat: _____

Herdperson's name: (If Applicable): _____

Who does the milking? _____

Who is the person on the farm most responsible for milk quality? _____

Number of employees: _____ Please List: Family Members: _____

Others: _____

CRITERIA SECTION

To verify the milk quality test results listed below, all applications shall provide fully complete and accurate information in the table below and may be accompanied with a summary of the producer's herd test results for the year's period October 1, 2013 through September 30, 2014.

Has this producer had a permit suspension during this 12 month period?

- Yes No

If Yes, reason _____

Has this producer been cited for an antibiotic residue in the last 12 months?

(Y/N) _____ When? _____

What was the cause of the incident? (If more than one, please list) _____

Weighted Criteria	25%	25%	25%	25%
Date	SCC (HDT)	Bacteria Count (HDT)	PI Count (pay test)	Farm Inspection conducted
Average				*****

Why do you believe that this operation deserves to be recognized as the best operation in Kentucky for producing quality milk?

I certify that to the best of my knowledge, the information attached to and contained within this application is complete and accurate and I authorize the selection committee permission to examine my records.

_____ Date

_____ Producer's Signature