

**DIVISION OF REGULATORY SERVICES
103 REGULATORY SERVICES BUILDING
UNIVERSITY OF KENTUCKY
LEXINGTON, KY 40546-0275
(859) 257-2785**

APPLICATION FOR MILK LABORATORY LICENSE

KRS 260.775 defines "laboratory" as any location or work area where milk analysis takes place. Each laboratory location where permitted Kentucky producers' milk is tested shall be licensed. The milk laboratory license is issued annually with year beginning on July 1 and expiring on June 30. A completed application with appropriate fee shall be submitted to the Division of Regulatory Service prior to testing Kentucky producers' milk. Please make remittance payable to the [University of Kentucky](#) and return to the above address.

It is unlawful to operate a laboratory for testing Kentucky producers' milk samples without obtaining a laboratory license or to obtain the services of a person to test a Kentucky producer's milk samples who does not have a license to test milk.

FIRM INFORMATION

COMPLETE NAME _____

MAILING ADDRESS _____
STREET/P.O.BOX C ITY STATE ZIP CODE

STREET ADDRESS (If Different) _____
STREET/P.O.BOX C ITY STATE ZIP CODE

PHONE (_____) _____ **FAX** (_____) _____ **E-MAIL** _____
AREA CODE AREA CODE

Application Type

- Laboratory License Renewal Application
- New Laboratory Application

Below, list test methods for which this laboratory seeks approval.

Application Fee

Standard Application Fee..... \$25

Late Fee (For renewals only, \$15 if postmarked after July 30) _____

Total Application Fee Due..... _____

1) _____

2) _____

3) _____

4) _____

5) _____

Completion of this application is an agreement to comply with the Rules and Regulations set forth in the Kentucky Farm Milk Handlers Law KRS 260.775 - 260.845 and 260.992.

I certify that the information included on this application is correct. I understand that violation of or failure to comply with the Kentucky Farm Milk Handlers Law may result in the refusal of application, revocation, suspension or probation of this license and fines.

Title _____
Name (please print)

Date Signed _____
Signature

DO NOT WRITE IN THIS SPACE – FOR USE BY DIVISION OF REGULATORY SERVICES ONLY				
CHECK AMOUNT	CHECK NUMBER	DATE OF CHECK	DATE RECEIVED	AUDIT CODE
				42