

**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 **Division of Regulatory Services** 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 CITY STATE ZIP CODE

**STREET ADDRESS** (If Different) \_\_\_\_\_  
STREET/P.O.BOX CITY 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.

1) \_\_\_\_\_

**Application Fee**

2) \_\_\_\_\_

Standard Application Fee..... \$25

3) \_\_\_\_\_

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

4) \_\_\_\_\_

**Total Application Fee Due**..... \_\_\_\_\_

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
				<b>42</b>