

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

**APPLICATION FOR RENEWAL**

**LICENSE TO TEST MILK**

Your license to test Kentucky producer's milk for pay purposes expires June 30. To renew your license, submit a completed application with fee to the above address by July 1. Please complete all applicable information requested on this application (please print). Omission of essential information may delay the processing of your application. Make check or money order payable to the **University of Kentucky**.

**NAME** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_  
FIRST MI. LAST AREA CODE

**ADDRESS** \_\_\_\_\_  
STREET/P.O BOX CITY STATE ZIP CODE

**EMAIL** \_\_\_\_\_

**EMPLOYED BY** (name of laboratory) \_\_\_\_\_

**PLEASE CHECK ONLY THOSE THAT APPLY TO YOU.**

**APPLICATION FEE**

**ELECTRONIC INSTRUMENT**

**STANDARD RENEWAL FEE**.....\$15

\_\_\_\_\_  
(Type of instrument)

**LATE FEE (\$15 if postmarked after July 30)**..... \_\_\_\_\_

**BACK DUE FEES\***..... X \$15 = \_\_\_\_\_  
No. of years back due

**MOJONNIER**

**TOTAL RENEWAL FEE DUE**..... \_\_\_\_\_

\*If you wish to renew a license that is up to three years past due, you may contact our office at (859) 257-2785 to determine back due fees owed.

**BABCOCK**

**GERBER**

**KJELDAHL**

**TOTAL SOLIDS**

**OTHER METHOD(S)** (please be specific) \_\_\_\_\_

I certify that all answers to the questions in this application are true and I further understand that any false statement or omission in this application may be sufficient grounds for an application refusal. 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 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. The signature below is in my handwriting.

**DATE** \_\_\_\_\_ **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>43</b>