

**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 **Division of Regulatory Services**.

NAME _____ **PHONE** (_____) _____
FIRST MI. LAST AREA CODE

ADDRESS _____
STREET/P.O BOX CITY STATE ZIP CODE

EMPLOYED BY (name of laboratory) _____

EMPLOYER'S ADDRESS _____
STREET/P.O BOX CITY STATE ZIP CODE

PLEASE CHECK ONLY THOSE THAT APPLY TO YOU.

ELECTRONIC INSTRUMENT

(Type of instrument)

MOJONNIER

BABCOCK

GERBER

KJELDAHL

TOTAL SOLIDS

OTHER METHOD(S) (please be specific) _____

APPLICATION FEE

STANDARD RENEWAL FEE.....\$15

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

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

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.

Have you ever been convicted of a felony? *yes* *no*

If yes, provide city, county, and state of conviction:

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
				43