

MCP-85A
(11-05)
WEB

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
**APPLICATION FOR PERMIT TO HAUL MILK
AND/OR COLLECT SAMPLES OF RAW MILK**

The undersigned hereby applies for a permit to collect, and haul raw milk and collect samples of such milk for laboratory examination. It is understood that no one shall be allowed to collect such milk or take such samples who does not possess a permit from the Cabinet for Health Services. The undersigned is to follow the instructions (or regulations) provided by the Kentucky Cabinet for Health Services with regard to the manner of collection and transportation of such milk or samples

NEEDS TO ATTEND NEXT HAULERS SCHOOL Inspector:

(Print Name)

Signature

(Address)

(Phone)

(Date)

(Company hauling or collecting for)

(Route-Owner)

(Owners Permit Number)

(Date of Application)

MAIL APPLICATION TO:

MILK SAFETY BRANCH
HEALTH SERVICES BUILDING
275 EAST MAIN STREET HSICB
FRANKFORT, KY. 40621

FAX: 502-564-8787