

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

APPLICATION FOR TEMPORARY LICENSE TO SAMPLE AND WEIGH MILK

In order that new operators may legally sample and weigh milk or handle or transport milk samples, individuals shall apply for a Temporary License to sample and weigh milk. The Temporary License is valid for a period of 120 days. During this period, the individual issued a Temporary License agrees to become familiar with the applicable procedures and to comply with the Rules and Regulations of the Kentucky Farm Milk Handlers Law KRS 260.775 – 260.845 and 260.992. A license will be issued to an applicant who is qualified and in compliance with the Kentucky Farm Milk Handlers Law upon the successful completion of an exam and a demonstration of ability to perform the required duties. Please complete all applicable information requested on this application (please print). Omission of essential information may delay the processing of your application. A \$15.00 fee should accompany the application. Make check or money order payable to the **Division of Regulatory Services** and return to the above address.

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

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

SEX: Male Female **BIRTH DATE** _____ **WEIGHT** _____ **HEIGHT** _____ **EYE COLOR** _____ **HAIR COLOR** _____

EMPLOYED BY (name of firm or individual) _____

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

PLEASE CHECK ONLY THOSE THAT APPLY TO YOU.

- STANDARD SAMPLER/WEIGHER**
(Routine farm milk pick-up)
- SUBSTITUTE SAMPLER/WEIGHER**
(Occasional farm milk pick-up)
- TANKER TRANSPORTER ONLY**
(No farm milk pick-up, only involved in handling and transportation of samples)
- SAMPLER/HANDLER AND TRANSPORTER**
(No farm milk pick-up, only involved in handling and/or transportation of samples, i.e. company or coop employee)

HAULERS, PLEASE LIST IN ORDER OF FREQUENCY, THE PLANTS OR FIRMS YOU DELIVER TO ON A REGULAR BASIS.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

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
				44