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

APPLICATION FOR TEMPORARY LICENSE TO TEST MILK

In order that new operators may legally test Kentucky producers' milk samples for pay purposes, individuals shall apply for a Temporary License to test 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 University of Kentucky and return to the above address.

University of Kentucky	and return to th	e above address.					
NAME					PHONE	()	
F	RST	MI.	LAST			AREA CODE	
ADDRESS							
		STREET/P.O BOX		CITY		STATE	ZIP CODI
EMAIL							
EMPLOYED BY (name	of laboratory)						
PLEASE CHECK ONLY THOSE THAT APPLY TO YOU.			YOU.	Below, list personnel you will be supervised by prior to taking the tester's license examination.			
☐ ELECTRONIC INS	TRUMENT		1) _				
(Тур	e of instrument)						
□ MOJONNIER			2) _				
□ ВАВСОСК			3) _				
☐ GERBER							
□ KJELDAHL							
☐ TOTAL SOLIDS							
□ OTHER METHOD(S) (please be spe	cific)					
	or an applicatio	n refusal. Comp	tion are true and I further un oletion of this application is 260.845 and 260.992.				
			th the Kentucky Farm Milk signature below is in my ha		in the ref	usal of applicati	on, revocation
DATE	SIGN	IATURE					
	DO NOT V	/RITE IN THIS SF	PACE – FOR USE OF DIVISION	ON OF REGULATORY SERV	ICES ONL	.Y	
CHECK AMOUNT	CHECK	NUMBER	DATE OF CHECK	DATE RECEIVED		AUDIT CODE	Ξ

(Revised March 2015)

43

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