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

**APPLICATION FOR RENEWAL** 

## LICENSE TO SAMPLE AND WEIGH MILK

Your license to sample and weigh farm milk in Kentucky expires June 30. <u>To renew your license</u>, <u>submit a completed application</u> <u>with fee to the above address by July 1</u>. 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				P	HONE (	)		
FIF	ST	МІ.	LAST		AREA CO	)E		
ADDRESS								
	ST	REET/P.O BOX		CITY	STA	TE ZIP CODE		
SEX: 🗌 Male 🗌 Fen	BIRTH ale DATE	EMAIL						
EMPLOYED BY (name o	f firm or individua	)						
PLEASE CHECK ONI	Y THOSE THA	T APPLY TO YOU.		APPLICATION	FEE			
STANDARD SAMPLER/WEIGHER (Routine farm milk pick-up)			STANDARD RENEWAL FEE\$15					
			LATE FEE (\$15 if postmarked after July 30)					
SUBSTITUTE SAM		R				V 645		
(Occasional farm milk pick-up)			BACK DU	BACK DUE FEES* X \$15 = No. of years back due				
	ORTER ONLY				2			
(No farm milk pick-up, only involved in handling and transportation of samples)				TOTAL RENEWAL FEE DUE *If you wish to renew a license that is up to three years past due, you may				
SAMPLER/HANDLER AND TRANSPORTER			со	contact our office at (859) 257-2785 to determine back due fees owed.				

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\_

and/or transportation of samples, i.e. company or coop

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				

(Revised March 2015)

employee)