



STATE OF MISSOURI
STATE MILK BOARD

APPLICATION - FARM BULK HAULER'S PERMIT

NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTY	TELEPHONE NUMBER	
AGRICULTURE DEPARTMENT LICENSE NUMBER	DATE ATTENDED HAULER SCHOOL	
AGE	DATE OF BIRTH	HEIGHT
WEIGHT	EYE COLOR	HAIR COLOR
ARE YOU THE OWNER OF THE FARM BULK TRUCK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, LIST PERMIT NUMBERS		
IF NO, FOR WHOM DO YOU DRIVE?		
MILK PLANTS DELIVERED TO		
I request that a farm bulk hauler's permit be issued in my name in conformity with applicable provisions of the state fluid milk law and regulations which will authorize me to haul state inspected Grade A bulk milk to be delivered to milk plants under Missouri state milk inspection.		
SIGNATURE		DATE
FOR OFFICIAL USE ONLY		
DATE ISSUED	PERMIT NUMBER	
REMARKS		
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