



MISSOURI DEPARTMENT OF AGRICULTURE
STATE MILK BOARD

PRODUCER'S APPLICATION FOR FARM INSPECTION

NAME		DATE
MAILING ADDRESS		
CITY	STATE	ZIP CODE
COUNTY		
TELEPHONE NUMBER		
PRODUCER WISHES TO SHIP TO		
HAULER		
IF THIS IS AN APPLICATION FOR PERMIT REINSTATEMENT AFTER SUSPENSION, PLEASE STATE IF ALL ITEMS IN VIOLATION HAVE BEEN CORRECTED. <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT NUMBER:		
TIME OF DAY AND DATE TANK WILL BE EMPTY		
PLANT AGENT SIGNATURE		
PRODUCER'S SIGNATURE		