



GEORGIA DEPARTMENT OF AGRICULTURE

Gary W. Black, Commissioner www.agr.georgia.gov

REQUEST FOR GRADE A MILK PRODUCER PERMIT

NEW BARN _____ EXISTING BARN _____

Premise ID (assigned by computer) _____ Establishment Code _____

Milk Handler _____ New Milk Permit No. _____ County (of Dairy) _____

Name of Dairy _____

Name of Owner/Producer _____

Physical Address (Barn Address) _____

City _____ Zip _____ Barn Telephone _____

Mailing Address (if different from physical address) _____

City _____ Zip _____ Home Telephone _____

Other Telephone Numbers: (cell & who's) _____ (cell #2) _____

(Fax) _____ Other (explain) _____

Email address: _____

Date of Well Water Sample _____ Date Cows T.B. Tested _____

*If well water or T.B. Tests are from another dairy please indicate that farms permit # in the blanks above.

Number of Cows _____ Has, or have applied for, LAS or NPDES (if applicable) _____

Septic Tank Approval Date (if applicable) _____ Date of proposed 1st pickup _____

If existing dairy, give former owner and dairy name _____

Date Signature of Owner/Producer

Date Inspected and Approved Signature of Sanitarian/Sanitarian No.

ATTACH TEMPORARY PERMIT AND ALL APPLICABLE PAPERWORK

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

- 1. LAS permit or NPDES current for number of cows. Yes ___ No ___ N/A ___
2. Current well water sample for farm above Yes ___ No ___ Date ___
3. Dairy under warning Yes ___ No ___
4. Toilet meets current standards (Health Dept. approval on new toilets) Yes ___ No ___
5. Completed inspection above 90. Yes ___ No ___ Date ___
6. Called office to advise change is O.K. Yes ___ No ___

If 'no' to any of the above, a permit will not be issued without signed agreement below (exception: #3).



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PRODUCER PERMIT CHANGE SHEET

ISSUANCE OF A NEW PERMIT REQUIRES DAIRY TO MEET ALL CURRENT REQUIREMENTS THE ONLY SITUATION WHERE A NEW PERMIT IS NOT TO BE ISSUED IS ADDING OR DELETING ANAME TO AN EXISTING PERMIT NAME. (EXAMPLE: ADD OR DELETE WORD "INC", "LLP").

MILK HANDLER CHANGE NAME CHANGE

PERMIT TO BE CANCELLED: YES NO (Not necessary when adding or deleting name to existing permit. Permit number not to change. Applicable as long as original owner remains on permit.)

PRESENT PERMIT NUMBER PREMISE ID

NEW MILK HANDLER NEW PERMIT NO.

NAME OF PRESENT DAIRY

NEW PRODUCER PERMIT NAME

MAILING ADDRESS

CITY ZIP COUNTY

DATE NEW PERMIT EFFECTIVE

REMARKS (any additional information):

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

- 7. LAS permit or NPDES current for number of cows. Yes No N/A
8. Current well water sample for farm above Yes No Date
9. Dairy under warning Yes No
10. Toilet meets current standards (Health Dept. approval on new toilets) Yes No Date
11. Completed inspection above 90. Yes No Date
12. Called office to advise change is O.K. Yes No Date

* If no to any of the above, no permit will be issued without signed agreement below (exception: #3).

DATE SIGNATURE OF SANITARIAN

OUT OF BUSINESS

Premise ID Present Permit No. (Cancel) Date of Last Pickup

Present Farm Name Present Owner

Address City County

IF THIS DAIRY IS GOING OUT OF BUSINESS - DOES IT HAVE A LAGOON OR ANY OTHER KIND OF WASTE MANAGEMENT SYSTEM: Yes No

Out of Business Date Sanitarian's Name