



**GEORGIA DEPARTMENT OF AGRICULTURE**

Tyler Harper, Commissioner

www.agr.georgia.gov

**MAIL APPLICATION TO: KATHRYN BENNETT  
GEORGIA DEPARTMENT OF AGRICULTURE  
DIVISION OF IMS AND SAMPLE PROGRAMS  
2464 WILL REWIS RD, FARGO, GA 31631**

**APPLICATION FOR BULK TANK SAMPLER PERMIT**

**NAME OF APPLICANT**

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
FAX #

ADDRESS

CITY

STATE

ZIPCODE

EMPLOYER ADDRESS (PHYSICAL)

CITY

STATE

ZIP CODE

EMPLOYER ADDRESS (MAILING)

CITY

STATE

ZIPCODE

**NAME OF PLANT WHERE MILK IS USUALLY DELIVERED**

1. I am familiar with the requirements relating to proper equipment and procedures for collecting samples.
2. I agree to routine inspections by the Georgia Department of Agriculture.
3. I agree to collect each producer's sample according to approved standards and submit it for Laboratory Analysis to be used by the Dairy Regulatory Agency.
4. I am aware that if I fail to do my job in an approved manner that my permit may be suspended or revoked and that I may be barred from collecting samples of milk to be used on the Grade A market.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Inspector to fill out information below (REPORT OF CHANGE INFO):

DISTRICT

\_\_\_\_\_  
ESTABLISHMENT #

\_\_\_\_\_  
FIRM TYPE CODE

\_\_\_\_\_  
PERMIT NUMBER

\_\_\_\_\_  
DATE ISSUED  
EXPIRES 2YRS FROM  
DATE OF ISSUE

REMARKS

NEW OR RENEWAL