



State of Connecticut  
 Department of Agriculture  
 Bureau of Regulatory Services  
 450 Columbus Boulevard, Suite 702  
 Hartford, CT 06103

Licensing (860) 713-2512

License # \_\_\_\_\_

NEW LICENSE

NEW PROCEDURE

Fee calculated below

**MILK EXAMINER'S LICENSE APPLICATION**  
**Sampling, Weigh (Transporter), Bacteria and Component Testing,**  
**Inhibitor Testing, and/or Direct Load Sampling**

I hereby apply for a license in accordance with Section 22-136 of the Connecticut General Statutes, with the Connecticut State Department of Agriculture to perform the activities checked below. The license shall be valid for two (2) years from the date of issuance and may be renewed on the biennial anniversary date. Licenses may be revoked, suspended or refused for cause. A check or money order payable to the "CT Department of Agriculture" for the appropriate fee must accompany this application. Applications must be mailed.

Applications cannot be processed if the required payment is not submitted with the application or the application is incomplete. Incomplete applications and submitted payments will be returned for completion and resubmission. **Licenses are not transferable.**

First Name of Applicant	Middle Initial	Last Name of Applicant	Social Security Number _____ -- ____ -- ____	
Name of Employer		Date of Birth ____ / ____ / _____	Home Telephone Number	
Home Street Address		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code

**CHECK ALL APPROPRIATE BOXES BELOW**

FOR INITIAL APPLICANTS ONLY
EXAMINATION DATE
INSPECTOR NAME

- MILK SAMPLE COLLECTOR \$20.00
- WEIGH/GAGE MILK \$20.00
- INHIBITOR TEST \$20.00
- DMSCC/BACTERIA/COMPONENT TEST \$20.00
- DIRECT LOAD SAMPLER \$20.00

TOTAL FEE (no. of checked boxes x \$20.00): \$\_\_\_\_\_

The undersigned applicant states that all of the information contained herein is true to the best of his/her knowledge and agrees that in the event a license is granted, said applicant shall comply with all laws, orders, rulings, regulations and directive issued by the Commissioner of Agriculture.

Print Name of Applicant	Signature of Applicant	Date
-------------------------	------------------------	------

**AREA BELOW FOR OFFICE USE ONLY**

Exam:  Pass  Fail  N/A  Licensed in \_\_\_\_\_ (state) Analyst:  Conditional  Unconditional

Agency Approval: Initials \_\_\_\_\_ Date \_\_\_\_\_  Conditional (inhibitor/bacteria/component exam not completed)

For Agency Use Only			
FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	DATE PROCESSED	LICENSE EXPIRATION