

**NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY**



**APPLICATION FOR PERMIT TO OPERATE BULK TANK
PICK-UP SYSTEM OF COLLECTING MILK**

1. Full name and address of dealer _____

2. Phone Number: _____ Email (optional): _____

2. Is dealer licensed to purchase milk in New Hampshire as required by RSA 434:41? _____

3. Driver _____
Name Address Weigher & Sampler
Lic. No.

4. Relief Driver _____
Name Address Weigher & Sampler
Lic. No.

5. List of producers. (Use back or separate sheet if necessary.)

NAME:

ADDRESS:

6. Route designation _____

I hereby agree to notify the New Hampshire Department of Agriculture, Markets & Food of any changes of drivers.

I declare the above statements are true under the penalties of perjury.

_____ Date

_____ Signature

Make checks payable to: Treasurer, State of New Hampshire.
Fee of \$5.00 must accompany application.

Mail to: NH Department of Agriculture, Markets & Food
Division of Animal Industry
PO Box 2042
Concord, NH 03302-2042.