GEORGIA DEPARTMENT OF AGRICULTURE
agr.georgia.gov

MAIL APPLICATION TO:
AMANDA.PHINAZEE@AGR.GEORGIA.GOV
GEORGIA DEPARTMENT OF AGRICULTURE
DIVISION OF IMS AND SAMPLE PROGRAMS

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

REV 1/12/2023