

APPLICATION FOR NEW MEXICO MILK PERMIT

Application is hereby for a permit to sell the following milk or milk product(s) in the state of New Mexico.

- | | |
|--|---|
| <input type="checkbox"/> Raw Milk for Pasteurization | <input type="checkbox"/> Pasteurized Milk and Milk Products |
| <input type="checkbox"/> Raw Milk for Retail Sale | <input type="checkbox"/> Manufactured Milk |

Name of Farm or Plant _____

Name of Owner or Manager _____

Mailing Address _____
P.O. Box or Street City State Zip Code

Physical Address of Farm or Plant _____
Street City State Zip Code

Telephone _____ Fax _____

Plant code _____ E-mail _____

I hereby agree to comply with the provisions of the New Mexico Dairy Product Act, Laws of 1993 and regulations promulgated by the Board of Regents, New Mexico State University.

Signature _____ Print name _____

Title _____ Date _____

NMDA USE ONLY

Permit # _____ Date issued _____ Exiration date _____

Permit denied Reason _____

Sweetwater Well water BTU _____

County _____ Inspector _____