# APPLICATION FOR TESTERS LICENSE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
DAIRY DIVISION
SFN 60031 (11-2018)

600 E Boulevard Ave - Dept 602
Bismarck, ND 58505-0020
Telephone: (701) 328-2299
Fax: (701) 328-4567

Please complete Sections A, B, and C

## Section A

| Name | Business Telephone Number | Home Telephone Number | |
|---|---|---|---|
| Street Address | City | State | ZIP Code |

## Section B

| Company Employed By | Number of Years Experience Testing Milk | | |
|---|---|---|---|
| Name of Person Giving Instructions | | | |
| Street Address of Person Giving Instructions | City | State | ZIP Code |

## Section C (check the types of tests you desire to be licensed to perform)

**BUTTERFAT TEST**

- ☐ Babcock
- ☐ Milk-O-Scan - Model: _____
- ☐ Milk-O-Tester - Model: _____
- ☐ Other - Identify: _____

**MILK SOLIDS TEST (PROTEIN)**

- ☐ UDI
- ☐ Milk-O-Scan
- ☐ Kjeldahl
- ☐ Other - Identify: _____

**BACTERIA COUNT**

- ☐ Standard Plate Count
- ☐ Direct Microscopic Clump Count
- ☐ Plate Loop
- ☐ Other Approved Test - Identify: _____

**SOMATIC CELL COUNTS**

- ☐ Wisconsin Mastitis Tests (WMT)
- ☐ Direct Microscopic Somatic Cell Count
- ☐ Electronic Cell Counter - Name and Model Number: _____
- ☐ Other Approved Test - Identify: _____

**ANTIBIOTIC DETECTION**

- ☐ Bacillus Sterothermophilus Disc Assay Method (Official Grade A)
- ☐ Screening Test - Identify: _____
- ☐ Other - Identify: _____

**ADDED WATER TEST**

- ☐ Thermister Cryoscope - Brand and Model: _____
- ☐ Vapor Pressure Osmometer - Brand and Model: _____

**SEDIMENT IN MILK OR CREAM**

- ☐ Mixed Sample Method
- ☐ Off Bottom Method

**OTHER TESTS:** _____

**License fee is $10.00. It is not transferable. License fee must accompany the application and expires on DECEMBER 31st of each year.**

This applicant hereby petitions the Dairy Division of the ND Department of Agriculture for authorization and license to perform the testing duties pursuant to section 4.1-25-22 of the North Dakota Century Code.

| Signature of Applicant | Date |
|---|---|