



Cabinet for Health and Family Services

**DEPARTMENT FOR PUBLIC HEALTH,
PUBLIC HEALTH PROTECTION & SAFETY**

MILK SAFETY BRANCH

275 EAST MAIN, HS1C-B

FRANKFORT, KENTUCKY 40621-0001

(502) 564-3340

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**ANDY BESHER
GOVERNOR**

**ERIC C. FRIEDLANDER
SECRETARY**

**STEVEN J. STACK MD,MBA, FACEP
COMMISSIONER**

**APPLICATION FOR PERMIT TO HAUL MILK
AND/OR COLLECT SAMPLES OF RAW MILK**

The undersigned hereby applies for a permit to collect, and haul raw milk and collect samples of such milk for laboratory examination. It is understood that no one shall be allowed to collect such milk or take such samples who does not possess a permit from the Cabinet for Health Services. The undersigned is to follow the instructions (or regulations) provided by the Kentucky Cabinet for Health Services with regard to the manner of collection and transportation of such milk or samples

(Print Name)

(Signature)

(Address)

(Phone)

(Date)

(Company hauling or collecting for)

(Route-Owner)

(Owners Permit Number)

(Date of Application)

ONCE COMPLETED SEND TO THE MILK SAFETY BRANCH, CAN BE MAILED OR FAXED. UPON RECEIVING YOUR APPLICATION A TEMPORARY HAULER PERMIT NUMBER WILL BE ASSIGNED TO YOU AND AN INSPECTOR WILL DO AN INSPECTION. ONCE YOU HAVE COMPLETED HAULER SCHOOL YOU WILL BE ISSUED A HAULING PERMIT.