



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT  
TO SHIP RAW MILK IN DELAWARE**

PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO:  
**OFFICE OF FOOD PROTECTION, 417 FEDERAL ST, DOVER DE 19901-3635**

1. Provide applicant/farm information below:

	<u>APPLICANT</u>	<u>FARM</u>
Name	_____	_____
Address	_____	_____
City, State	_____	_____
Zip Code	_____	_____
Phone	_____	_____
Contact Name	_____	_____

2. Provide exact location of dairy farm: \_\_\_\_\_  
\_\_\_\_\_

3. Provide herd information below:  
Breed \_\_\_\_\_ Last TB/Brucellosis Test Date \_\_\_\_\_  
Number Milked \_\_\_\_\_ Pounds Shipped Per Day \_\_\_\_\_

4. Provide shipping information below:  
Name of Plant/Cooperative \_\_\_\_\_  
Name of Bulk Hauler \_\_\_\_\_

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICIAL USE ONLY .... DO NOT WRITE BELOW THIS LINE**

RECOMMENDED FOR: **ANNUAL PERMIT** \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

PROGRAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_ **DATE ISSUED** \_\_\_\_\_