



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAILTO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

APPLICATION FOR BULK MILK HAULER LICENSE

Application Fee: \$5

In accordance with the provisions of RSA Chapter 184:77, the undersigned hereby applies for:

- Q A license to weigh and sample milk & cream as a bulk milk hauler
Q A renewal of a license to weight and sample milk and cream as a bulk milk hauler

Name of Licensee: _____

Address: _____

Are you currently licensed or permitted as a milk hauler in another state?

- Yes; Must submit with application:
1.) A copy of a valid out of state milk haulers permit or license;
2.) A copy of a bulk milk hauler evaluation inspection form conducted by another State within the last 2 years on you while picking milk up in that State, if available.
No; If obtaining license for the first time, after application submission, needs to contact department at 603-271-4673 for the purpose of scheduling written evaluation and inspection by the department

Employed By: (Hauling Company Name)_____

Address: _____

Phone # _____

Make checks payable to::Treasurer, State of New Hampshire License fee is non-refundable

I, (print name & title)_____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Dairy Program with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT:_____ DATE OF APPLICATION:_____

-----DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY-----

Date Received _____ Permit Fee Invoice # _____