

Application and Notification for Article 4 License

Name _____ Telephone No. _____

Street Address _____ City _____ State _____ Zip _____

Social Security# _____ Federal ID# _____

Reason for not providing SS# or Fed ID# (*See instructions on back of form) _____

Do you hold a NYS Milk Receiver's License? _____ If yes, ID # _____ Exp. Date _____

Do you hold a NYS Bacterial License? _____ If yes, ID # _____ Exp. Date _____

Present employer where license is required _____

Employer's Address _____

Type of License(s) Requested

Milk Receivers:

- A. Farm Sampler
- B. CMI
- C. Laboratory Worker
- D. Plant Worker
- E. Other

Bacteria Counts:

- 11. Standard Plate Count
- 12. Direct Microscopic Count
- 13. Plate Loop Count
- 14. Petrifilm
- 27. Foss Bactoscan

Somatic Cell Count Methods:

- 15. Direct Microscopic Somatic Cell Count
- 16. Foss – Optical Somatic Cell Count
- 17. Bentley – Optical Somatic Cell Count

Tester's License:

- I. Babcock
- J. Gerber
- K. Ether Extraction – Mojonier
- L. Electronic Method
- M. Kjedadl
- N. Total Solids

Phosphatase Test Methods:

- 18. Scharer
- 20. Flourophos
- 21. Charm

Drug Residue Test Methods:

- 2. Charm II
- 26. Charm SL-BL
- 29. Charm II Sulfa
- 30. Charm II Tetra
- 31. Charm SL-3
- 33. Charm SL-6
- 34. Charm Flunixin & Beta-lactam
- 3. Delvo Test P
- 7. Snap Test
- 8. Disc Assay Method
- 10. HPLC
- 32. Beta Star

Water Coliform Test Methods:

- 22. Most Probable Number
- 23. Membrane Filter
- 24. Chromogenic Substrate (P/A)
- 25. Chromogenic (MPN)

At what location would you like to take the exam? _____

I have read Sections 56, 56a and 57 of Article 4 of the Agriculture and Markets Law and Rules and Regulations for the sampling, weighing and testing of milk and other dairy products for components, standards, and adulteration. I fully understand the meaning of these Sections of the law and the supplementary Rules and Regulations.

Signature of Applicant _____ Date _____

Report of Examination

Passed: Written _____ Practical _____ **Failed:** Written _____ Practical _____

Reason for Failure of Practical Exam _____

(Applicant must pass written exam to take practical exam)

Dairy Products Specialist's Signature _____ Examination Date _____

MILK RECEIVER'S EXAM REQUIRES A 227B AND MUST BE ATTACHED TO THE APPLICATION.

For Office Use Only

Fee Received \$ _____ Date _____ Receipt # _____ Type of Payment: Check Money Order Other

Type of License Issued _____ ID # _____ Expires _____ Area _____

* The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Tax and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

Should you fail to provide all of the requested information, your application may not be processed.