

New York State
Department of Agriculture & Markets
Division of Milk Control & Dairy Services
10 B Airline Drive
Albany, New York 12235
Tel. 518-457-5731

Indicate Type of Facility/Operation:

Pasteurizing or Mfg. Plant: _____
 Receiving/Transfer Station: _____
 Bulk Tank Unit: _____
 Plant/BTU Number: _____
 Milk Distributor: _____

APPLICATION FOR PERMIT TO SHIP MILK OR MILK PRODUCTS INTO NEW YORK STATE

(For the one-year period July 1 - June 30)

(1) Name (Full legal name as it appears on filing documents. If business type is "individual", must be person's name)	Phone No. Fax No.		
(2) Trade Name (if applicable)	(3) Fed ID or SS# (if individual)		
(4) Mailing Address	Website:		
(5) Location Address for Type of Facility/Operation Indicated Above (if same as mailing address, mark same)			
(6) Business Type: Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Cooperative <input type="checkbox"/>			
(7) List Officers of Corporation or Cooperative and Members of Partnership or LLC:			
Full Name	Title/Position	Full Name	Title/Position
(8) If Applicant is a Corporation//LLC	In what State Incorporated//Organized _____ Date Incorporated//Organized _____ Principal Office Address _____ If a foreign corporation//LLC, are you authorized under Section 1304 & 1305 of the Business Corporation Law//Section 802 & 805 of the Limited Liability Company Law to do business in the State of New York? ____ yes ____ no If yes, date filed _____ Name and address of a person in New York State upon whom service of process may be made? _____		

(9) List or attach copy of products to be shipped into New York State:

Pasteurized Milk _____
 Pasteurized Milk _____
 Milk Products _____
 (list types) _____

(10) If applicant is a Plant, Receiving/Transfer Station or BTU:

(a) Are you currently listed in the "Sanitation Compliance and Enforcement Ratings of Interstate Milk Shippers" (IMS)?

_____ NO _____ Yes (If yes, plant/BTU number) _____

(b) If not listed in IMS:

(1) enclose a copy of the most recent Sanitary Inspection Report of the facility by the responsible regulatory agency in your state

(2) Indicate the name of the regulatory agency _____, contact person _____ and tel. number (____) _____

(3) With respect to the milk and milk products to be imported into New York State, are any from a foreign (outside of the United States) source or contain any dairy ingredient from a foreign source? ____ yes ____ no

If yes, complete the following:

Product/Ingredient	Name and Address of Manufacturer

Note: For products listed as from a foreign source, the applicant must complete DMC-1514 Supplemental Questionnaire, which shall become a part of this application.

(11) If applicant is a Milk Distributor:

List the source of the milk and milk products that you intend to import into NYS:

(a) Directly from Plants	IMS Listed	
	No	Yes (Plt No.)
Name and Address		

(b) From Distributors/Handlers (attach additional pages if needed)	Corresponding Plant Source
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:

(c) Are any of the milk and milk products to be imported into NYS from a foreign (outside of the United States) source? ____ No ____ Yes (If yes, complete the following):

Product	Name and Address of Manufacturer

Note: For products listed as from a foreign source, the applicant must complete DMC-1514 Supplemental Questionnaire, which shall become a part of this application.

(12) For all applicants, list or attach a copy of the name and address of plants, warehouses, distributors and other outlets in

