

**STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
DIVISION OF MILK CONTROL & DAIRY SERVICES
10B AIRLINE DRIVE
ALBANY, NY 12235**

DAIRY EQUIPMENT INSTALLER REGISTRATION

Name _____

D/B/A _____

Address: Street _____

City _____ State _____ Zip _____

Telephone (include area code) _____

Types of Dairy Equipment Sold _____

Manufacturers of Dairy Equipment Sold _____

** Stainless Steel Welding Offered? Yes _____ No _____

General Business Area _____

Information provided on this application does not limit you to the types of equipment or business area reported.

It is a requirement of the New York State Department of Agriculture and Markets Regulations that each person installing dairy equipment in New York State be registered.

I agree to follow all Regulations and recommended 3-A installation practices pertaining to the installation of dairy equipment.

Signature _____ Date _____

**Please list names of welders on back of this application.