



Division of Milk Control and Dairy Services
 10B Airline Dr. | Albany, NY 12235

Application to Install or Modify Dairy Processing Equipment

Pursuant to Part 2 of 1 NYCRR §2.64 paragraph (b), I hereby make application to install or modify dairy processing equipment at the facility listed below.

Plant Name & Number	
Address (incl. County) & Phone #	
PPS Name & Contact (incl. email address)	
Project Title	
Approximate Start Date	Approximate Welding Date
Plant Representative, Signature & Date	

FOR OFFICE USE ONLY

Project Tracking #: _____

Received Process Narrative

DATE RECEIVED: _____

Received Flow Diagram / Layout

Received Equipment List

Received Installer Information

PLAN APPROVAL

Dairy Products Specialist, Signature & Date

INSTALLATION APPROVAL

Dairy Products Specialist, Signature & Date

**THIS APPLICATION, WHEN PROPERLY FILLED OUT BY THE REGULATORY AGENCY, SERVES AS THE OFFICIAL APPROVAL.
 PLEASE MAINTAIN A COPY OF THIS APPLICATION ON FILE FOR REVIEW BY OTHER INSPECTION AGENCIES.**