



Application to Install or Modify Dairy Processing Equipment

Division of Milk Control | 10B Airline Dr. | Albany, NY 12235
 (518) 457-1772 | (800) 554-4501

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.

See the guideline *Instructions for Making an Application for the Installation or Modification of Milk Handling Equipment, Construction or Renovation of a Process Facility, or the Installation or Modification of a Continuous Flow Pasteurizer* for complete instructions. This application must be accompanied by the applicable information as described within the guideline.

Plant Name & Number		
Address (incl. County) & Phone #		
PPS Name & Contact (incl. email address)		
Project Title	Approximate Start Date	
Plant Representative, Signature & Date		
Comments		
FOR OFFICE USE ONLY		
Project Tracking #: _____	Received Process Narrative	Received Flow Diagram / Layout
Date Plans Received: _____	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.		