



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 _____

Applicant Email Address _____

Type of License(s) Requested

Milk Receivers:

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

Butterfat/Total Solids:

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

Bacteria:

1. Direct Microscopic Plate Count (DMC)
 2. Agar Plate Count Methods
 2a. Standard Plate Count (SPC)
 2b. Advanced Instruments Spiral Plate Count – raw milk only
 3. Plate Loop Count Methods – Raw Milk Only
 3a. SPC Agar (PLC)
 3b. 3M PAC (PPLC)
 3c. 3M RAC (RPLC)
 5. Other Total Bacteria Count Methods
 5a. 3M Petrifilm Aerobic Count (PAC)
 5b. 3M Petrifilm Rapid Aerobic Count (RAC)
 5c. Charm Peel Plate Aerobic Count (PPAC)
 7. Instrument Bacteria Count Methods
 7a. Foss BactoScan FC (BSC) – raw milk only
 7b. bioMérieux TEMPO Aerobic Count (TAC)
 7c. Bentley BactoCount IBC (BCC) – raw milk only
 7d. Bentley BactoCount IBCm (BCMC) – raw milk only
 7e. Foss BacSomatic – raw milk only

Drug Tests:

9. Detection of Inhibitory Substances
 9B2. Charm BsDA
 9C2. Charm II Competitive
 9C3. Charm II Sequential
 9C4. Charm II Quantitative
 9C10. Charm II Sulfa
 9C11. Charm II Chloramphenicol
 9C12. Charm II Tetracycline
 9C13. Charm SL (Safe Level)
 9C15. Charm 3 SL3
 9C17. Charm ROSA Tetracycline SL
 9C18. Charm ROSA SULF Test
 9C19. Charm TRIO Test
 9D1. DSM Delvotest P (mini)
 9D3. DSM Delvotest P 5 Pack
 9I1. Idexx New Snap BL
 9I2. Idexx - Snap® Tetracycline

Somatic Cells:

12. Direct Microscopic Somatic Cell Count (DMSCC)
 12. Direct Microscopic Somatic Cell Count (ESCC)
 16a. Foss 90
 16b. Foss 250/300/360/400
 16c. Bentley 150/300/500/FCM/FC
 16d. Foss 5000/FC/7
 16e. Perkin-Elmer/Delta Instruments MKII/SMART
 16f. Foss Minor
 16g. Foss 7 DC
 16h. Foss BacSomatic

Coliforms:

19. Instrument Coliform Count Methods
 19a. bioMérieux TEMPO Coliform Count (TCC)
 20. Other Coliform Count Methods

- 20a. 3M Petrifilm Coliform Count (PCC/HSCC)
 20b. Charm Peel Plate Coliform Count (PPCC/PPEC/PPCHV/PPECHV)
 21. Agar Coliform Count Methods
 21a. Coliform Plate Count (CPC)

Containers:

22. Pasteurized Milk Containers
 22a. Rinse Method
 22b. Swab Method
 23. Other Pasteurized Milk Container Methods
 23a. Disintegration Test
 23b. Flat Lid or Pour Contact Tests

Dairy Water:

24. Dairy Water Testing, NCIMS
 24a. Multiple Tube Fermentation – Most Probable Number (MPN) or Presence/Absence (P/A)

- 24b. Membrane Filtration
 24c. Heterotrophic Plate Count (HPC)
 24d. Idexx Colilert
 24e. Idexx Colilert 18
 24f. Idexx Colisure
 24g. Charm E*Colite
 25. Dairy Water Testing, Other (ex. EPA)
 25a. Dairy Waters, Other

Phosphatase:

28. Alkaline Phosphatase Methods
 28a. Advanced Instruments Fluorophos
 28b. Charm Paslite
 28c. Charm Fast Alkaline Phosphatase (FAP)
 28d. Neogen Accupoint Advanced Alkaline Phosphatase Method
 28s. Scharer (NYS broken seal testing only)

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 _____ **ID#** _____ **Examination Date** _____

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

For Office Use Only

Type of License(s) Issued _____ Date: _____ 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.

****Comments for license amendments:** _____

