

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
DIVISION OF MILK SANITATION**

APPLICATION FOR A CERTIFICATE OF APPROVAL AS APPROVED INSPECTOR

APPLICANT _____

(Print name in full)

(Street or P.O. Box number)

(City, State, Zip Code)

(Area code and telephone number)

(County)

(Date)

In accordance with the provisions of the Act of July 2, 1935, entitled "Pennsylvania Milk Sanitation Law," application is hereby made for a Certificate of Approval as an Approved Inspector defined in Section 1 and required in Section 9.

PRESENT EMPLOYMENT _____

SCHOOL TRAINING _____

EXPERIENCE IN FARM INSPECTION WORK _____

Do you currently hold a certificate/license with another state? _____ Yes _____ No
If yes, include a copy of your certificate/license.

RELATED WORK EXPERIENCE (DAIRY FARM, MILK PLANT, DAIRY LABORATORY, ETC.)

Submit \$50 fee with this application, payable to the Commonwealth of Pennsylvania, and return to the Pennsylvania Department of Agriculture, Bureau of Food Safety and Laboratory Services, 2301 North Cameron Street, Harrisburg, PA 17110-9408.

CHARACTER REFERENCES:

1. _____
(Name) (Address)

2. _____
(Name) (Address)

(Signature)