

Sampler Certification Application

Name: _____

Mailing Address: _____

Phone number: (_____) _____ Landline Cellphone

Email Address: _____

Employer: _____

Are you an Approved Inspector? Yes No

Are you a Weigher-Sampler? Yes No

Weigher/Sampler License Number (PMMB issued): _____

Other types of sampler certifications (check all that apply):

Raw Milk for Pasteurization

Frozen Desserts

Raw Milk (for raw milk sales)

Pasteurized Fluid Milk

Milk Products

Other: _____

Signature: _____ Date: _____

Upon receipt of this application a PDA Food Inspector will reach out to schedule the certification exercise.

By signing this application, the applicant affirms the information in this application is true and correct to the best of the applicant's knowledge, information and belief and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

This form can be mailed to address listed below
Or can be emailed to: RA-AGMILKPROGRAM@pa.gov