



Make remittance payable to: **Kansas Department of Agriculture**
Records Center - Dairy
109 SW 9th Street
Topeka KS 66612-127
785-296-3787

APPLICATION FOR MILK HAULER LICENSE

For Period including **July 1,** _____ **- June 30,** _____ Registration Fee **\$35.00**

____ New ____ Renewal ____ Hauler ____ Fieldman

Name _____

Address _____

City/State/Zip _____

Phone Number _____ County _____ Federal Tax ID/SS No _____

I haul for the following Bulk Tank Owner(s): _____

BULK TANK OWNERS ONLY: If **YOU ARE THE OWNER** of the bulk tank, please indicate the number of tanks, and provide serial numbers.

Bulk Tank Owner _____

Address _____

City _____ Phone # _____

Number of bulk tanks _____

Serial Numbers _____

Association Purchasing Milk: _____

PLEASE LIST THE COUNTIES WHERE YOU WILL PICK UP PRODUCER MILK:

WHERE THIS MILK IS NORMALLY DELIVERED? _____

(Name and city of plant, transfer or receiving station)

READ CAREFULLY BEFORE SIGNING

I am familiar with the State Dairy Law and the Rules & Regulations pertaining to my work and I herewith promise to perform this work accurately and honestly and in accordance with the requirements of the dairy laws of the State of Kansas.

Signature of Applicant