



AGENCY OF AGRICULTURE, FOOD & MARKETS

Business Office/L&R

www.Agriculture.Vermont.Gov 100 State Street Rm 342 • Montpelier, Vermont 05620-3206 • (802) 828-2436 • (802) 828-1960 FAX

APPLICATION FOR CERTIFICATION OF COMPETENCY TO TEST MILK/MILK PRODUCTS

Pursuant to the provisions of VSA, Title 6, Chapter 151, Section 2724, I hereby make:

Application For A Certificate Of Competency To Test Milk And Milk Products:

PLEASE CHECK THE LABORATORY TEST(S) YOU ARE APPLYING FOR AND SEND \$30 FOR EACH.

Bacteria Count Method ( ) Standard Plate Count ( ) Plate Loop Count ( ) Petrifilm Aerobic Count
( ) Bactoscan ( ) Coliform Plate Count ( ) Petrifilm Coliform Count
( ) Charm Peel Plate

Antibiotic Beta-Lactam Analysis ( ) SNAP ( ) Delvotest, 5 pack ( ) Delvotest P Mini
( ) Charm II Competitive Assay ( ) Charm SL 5 ( ) Charm 3 SL 3
( ) Charm II Sequential Assay ( ) Neogen Beta Star ( ) Other

Somatic Cell Count Method ( ) Direct Microscope ( ) Electronic

Butterfat Method ( ) Electronic Component Testing of butterfat, protein, and other solids.

I have passed an On-site evaluation with the State's Laboratory Evaluation Officer on: \_\_\_/\_\_\_/\_\_\_

I have successfully completed the annual proficiency samples on: \_\_\_/\_\_\_/\_\_\_

By signing this license application, I hereby agree that I will comply with the provisions of VSA, Title 6, Chapter 151, Section 2724. I have studied the laws and regulations and believe I am qualified to hold such a certificate, and if granted, I will abide by the laws and regulations.

Initial \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address

E-911 Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Milk Handler Number: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Employer's Email: \_\_\_\_\_

See Next Page





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**Read This Carefully Prior To Signing Application Form**

**Tax Department Requirement**

By Signing This Application, You Certify That You Are In Good Standing With The Requirements Below.

If You Certify Falsely That You Are In Good Standing You May Be Subject To Prosecution.

By law (15 V.S.A. Section 795), the State may not renew a license for trade or business unless the licensee first certifies that he or she is in good standing with any order to pay child support.

By law (32 V.S.A. Sec 3113), the State may not renew a license for a business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000 fine or both.

- Good standing means:
- that no taxes are due;
  - the liability is on appeal;
  - the licensee is complying with a State authorized payment plan; or
  - the immediate payment would cause unreasonable hardship. (If you are claiming hardship, please contact the licensing agency for further information.)

For further information, the licensee should contact the Department of Taxes at (802) 828-2518.

**I hereby certify that the information given is correct to the best of my ability. I further certify under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont.**

**Print name of individual signing the application**

\_\_\_\_\_

**Print title of individual signing the application**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail to:

Vermont Agency of Agriculture, Foods and Markets  
Business Office/L & R  
100 State Street, Rm 342  
Montpelier, VT 05620-3206

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