



**Kansas Department of Agriculture**

Accounts Receivable and Licensing

1320 Research Park Dr

Manhattan KS 66502

785-564-6700

**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

**For Office Use Only**

DBP \_\_\_\_\_ ID # \_\_\_\_\_ Last Train \_\_\_\_\_ Last Eval \_\_\_\_\_

Revised 04/15