



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 _____

Email Address _____

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

Revised 04/15

DBP _____ ID # _____ Last Train _____ Last Eval _____