



KANSAS EMERGENCY DAIRY MOVEMENT PERMIT

Dairy Info

Name of Dairy		KS Dairy License #		
Street Address:	City:	State: KS	County:	Zip:
GIS Coordinates (if known)	Lat:	Long:		
Owner Name:		Email:		
Contact Ph #:	Alternate Ph #			
BTU #20	Pick up Schedule: Daily ___ Every 2 Days ___ Every 3 Days ___			
Manifest #	Marketing Cooperative: (could be a pull down menu)			

Have you received any animals in the last 14 days? ___ Yes ___ No
 If yes, where did the animals come from: City _____ State _____
 Date animals entered premises: _____

Hauler Info

Name of Hauler:		Street Address:		
City:	State:	Zip:	Contact Name:	
Phone:	Alt Phone:		Email:	
Tanker Permit #		VIN #		
Hauler/Sampler Name:		Street Address:		
City:	State:	Zip:	Phone:	Alt Phone:
Email:		Lic/Permit #		

Route from Dairy to Processor:

Processor Info

Destination: Name of Processor:		Street:		
City:	State:	Zip:	Contact Name:	
Phone:		Email:		

KDA USE ONLY

Date Received:	Date Approved:	Permit #:
Permit Valid from:	To: Until Revoked	

List route modifications here:

Signature of Authorizing Official:	Title
Name:	Email:

Disobeying requirements of this movement permit may result in a fine and/or imprisonment.
For questions regarding this permit, contact Kansas Department of Agriculture at (785) 564-5700