



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT  
TO SHIP RAW MILK IN DELAWARE**

PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO OUR **NEW ADDRESS:**

**OFFICE OF FOOD PROTECTION-MILK SAFETY  
EDGEHILL SHOPPING CENTER  
43 S DUPONT HWY, SUITE C  
DOVER, DELAWARE 19901**

1. Provide applicant/farm information below: **APPLICATION** or **RENEWAL** (please circle)

APPLICANT

FARM

Name	_____	_____
Address	_____	_____
City, State	_____	_____
Zip Code	_____	_____
Phone	_____	_____
Contact Name	_____	Farm #: _____
Email Address	_____	

2. Provide exact location of dairy farm: \_\_\_\_\_  
\_\_\_\_\_

3. Provide herd information below:  
Breed \_\_\_\_\_  
Number Milked \_\_\_\_\_ Pounds Shipped Per Day \_\_\_\_\_

4. Provide shipping information below:  
Name of Plant/Cooperative \_\_\_\_\_  
Name of Bulk Hauler \_\_\_\_\_

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICIAL USE ONLY .... DO NOT WRITE BELOW THIS LINE**

RECOMMENDED FOR: ANNUAL PERMIT \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROGRAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_