



STATE OF WASHINGTON
DEPARTMENT OF AGRICULTURE

PO Box 42560 • Olympia, Washington 98504-2560 • <http://agr.wa.gov> • (360) 902-1800

Dear Milk Producer:

Enclosed is an application and regulations to establish a dairy producer operation in Washington State. Please review the attachments thoroughly, including the Revised Code of Washington (RCW) and the accompanying Washington Administrative Code (WAC).

As a producer, your primary contact with the Washington State Department of Agriculture (WSDA) will be the Food Safety Officer (inspector) assigned to your region. This individual is trained in the field of milk sanitation and production and is qualified to help identify problems and/or violations that can affect the safety and quality of your milk.

Upon completion of the application, please forward it along with all attachments to this office. We will then review your application and, if necessary, contact you for additional information, or forward it to your regional Food Safety Officer who will contact you to schedule an appointment for inspection of your facility. At that time the inspector will review the application with you, take necessary water samples and discuss with you any additional obligations you may have.

The application process involves several steps, and may require contacting other WSDA programs such as the Livestock Nutrient Program, Organic Food Program and Animal Health Services. We will work to coordinate your application with them, as appropriate.

As the holder of a Milk Producer License, you accept certain responsibilities in order to sell milk products. The information included in this application packet is intended to assist you, the dairy producer, in meeting inspection criteria for Milk Producers and understanding the elements that are addressed during the licensing and inspection of your facility.

Because our goal is to be as helpful as possible as you complete the application process, please contact the Food Safety Program with any questions at (360) 902-1876.

Forward application and attachments to:
Washington State Department of Agriculture
Food Safety Program
P.O. Box 42560
Olympia, Washington 98504-2560





APPLICATION FOR A MILK PRODUCER LICENSE

Washington State Department of Agriculture
Food Safety Program
PO Box 42560
Olympia WA 98504-2560
(360) 902-1876

TYPE OF APPLICATION (Check All That Apply)

- NEW FAMILY NAME CHANGE ADDRESS CHANGE
 CANCELLATION OWNERSHIP CHANGE OTHER (Specify)

APPLICANT INFORMATION (Please Print)

FARM NAME			
ADDRESS OF FARM (PHYSICAL LOCATION)			TELEPHONE NUMBER (INCLUDE AREA CODE)
LOCATION CITY	LOCATION STATE	LOCATION ZIP	COUNTY
MAILING ADDRESS OF FARM (IF OTHER THAN PHYSICAL LOCATION ADDRESS SHOWN ABOVE)			
MAILING CITY	MAILING STATE	MAILING ZIP	EMAIL ADDRESS/ FAX NUMBER
WILL BE SHIPPING MILK TO:	EFFECTIVE DATE	SHIPPING NUMBER	

BUSINESS STRUCTURE INFORMATION

BUSINESS TYPE (CHECK ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CORPORATION (LLC)

PLEASE LIST NAMES, TITLES AND ADDRESSES OF ALL PARTNERS AND/OR CORPORATE OFFICERS BELOW. ATTACH ADDITIONAL SHEET IF NECESSARY.

PARTNER/CORPORATE OFFICER #1 NAME	PARTNER/CORPORATE OFFICER #1 TITLE	PARTNER/CORPORATE OFFICER #1 ADDRESS (INCLUDE CITY, STATE, ZIP)
PARTNER/CORPORATE OFFICER #2 NAME	PARTNER/CORPORATE OFFICER #2 TITLE	PARTNER/CORPORATE OFFICER #2 ADDRESS (INCLUDE CITY, STATE, ZIP)
PARTNER/CORPORATE OFFICER #3 NAME	PARTNER/CORPORATE OFFICER #3 TITLE	PARTNER/CORPORATE OFFICER #3 ADDRESS (INCLUDE CITY, STATE, ZIP)

PROVIDE NAME, ADDRESS & PHONE NUMBER OF INDIVIDUAL RESIDING IN WASHINGTON WHO IS AUTHORIZED TO RECEIVE AND ACCEPT OFFICIAL MAIL.

WA RESIDENT PROCESS AGENT NAME (REQUIRED)	PROCESS AGENT ADDRESS (INCLUDE CITY, STATE, ZIP)	PROCESS AGENT PHONE # (INCLUDE AREA CODE)
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IMPORTANT NOTICE TO APPLICANT

- All licensed Dairy Farms **MUST COMPLY** with the requirements of chapter 15.36 RCW.
- Uncorrected violations of the requirements of chapter 15.36 RCW may result in corrective action by the department as provided for in chapter 15.36 RCW or other applicable regulations.
- Such a license may be temporarily suspended or a civil penalty assessed by the director upon violation by holder of any terms of this chapter, or interference with the director in the performance of his duties, or revoked after an opportunity for a hearing by the director upon serious or repeated violations.
- Every milk producer and distributor shall permit the director access to all parts of the establishment during the working hours of the producer or distributor, which shall at a minimum include the hours from 8 a.m. to 5 p.m.
- It is the responsibility of the milk producer to ensure they are also in compliance with other WSDA programs such as Livestock Nutrient Management and Livestock I.D., as well as other agency regulations, i.e. County Health District and Department of Ecology.

I have read and understand the above notice, and agree to the conditions as set forth therein.

SIGNATURE OF APPLICANT

TITLE

DATE SIGNED

Milk Producers License Application Check List ✓

- _____ 1. Completed Application Form (both applicant and business structure information)
- _____ 2. **ATTACHMENT A** – Milk Producer License Question Sheet
- _____ 3. **ATTACHMENT B** – Water Information Sheet
- _____ 4. **ATTACHMENT C** – Farm Layout Diagram
- _____ 5. **ATTACHMENT D** – Bulk Tank Location Information (if appropriate)
- _____ 6. **ATTACHMENT E** – Animal Health Testing Requirements (if appropriate)
- _____ 7. Reviewed enclosures
 - a) Chapter 15.36 RCW Milk & Milk Products
 - b) Chapter 16-101 WAC Milk & Milk Products
 - c) Chapter 16-125 WAC Farm Milk Storage Tanks & Bulk Milk Tanker Requirements

Please note that the processing time from the receipt of your application to the time of an inspection can take 4 - 6 weeks. It will take longer if you do not complete all the attached documentation required for licensing. ***Include additional sheets if necessary.***

If you have any questions that cannot be answered by the information supplied in this packet, please call the Olympia Food Safety Office at (360) 902-1876.

ATTACHMENT B

Water Information Sheet

A satisfactory water sample test result that is not older than thirty (30) days must be included with the completed application. You are responsible for the initial water sampling. Contact your local County Health Department for testing kits and where to take your sample. For a listing of Health Departments and phone numbers, see the Information & Resources Booklet accompanying this application.

Type of water system(s):

- a. city or municipal (water sample not required)
- b. well
- c. spring
- d. recirculating / reclaimed systems

Have you supplied a satisfactory water sample? _____

Please describe or draw the locations for each of the following: water troughs, wash down tanks, sanitizer injection systems, recirculation/reclaim systems, and back flow prevention.

ATTACHMENT C

Farm Layout Diagram

Draw a diagram of your dairy farm to include the following main structures/features:

- _____ Milkroom
- _____ Milking Parlor
- _____ Cow Yard
- _____ Cattle Housing Areas
- _____ Outbuildings

Identify the location of the milk bulk tank, equipment wash sink(s), hand-wash sink, milk receiver(s), vacuum pump(s), compressor(s), farm water supply, and show location of any back-flow prevention devices, stock watering tank(s), chill water/glycol systems, plate coolers, temperature recorder(s), toilet room, storage room(s), designated drug storage area(s), and hoseport(s).



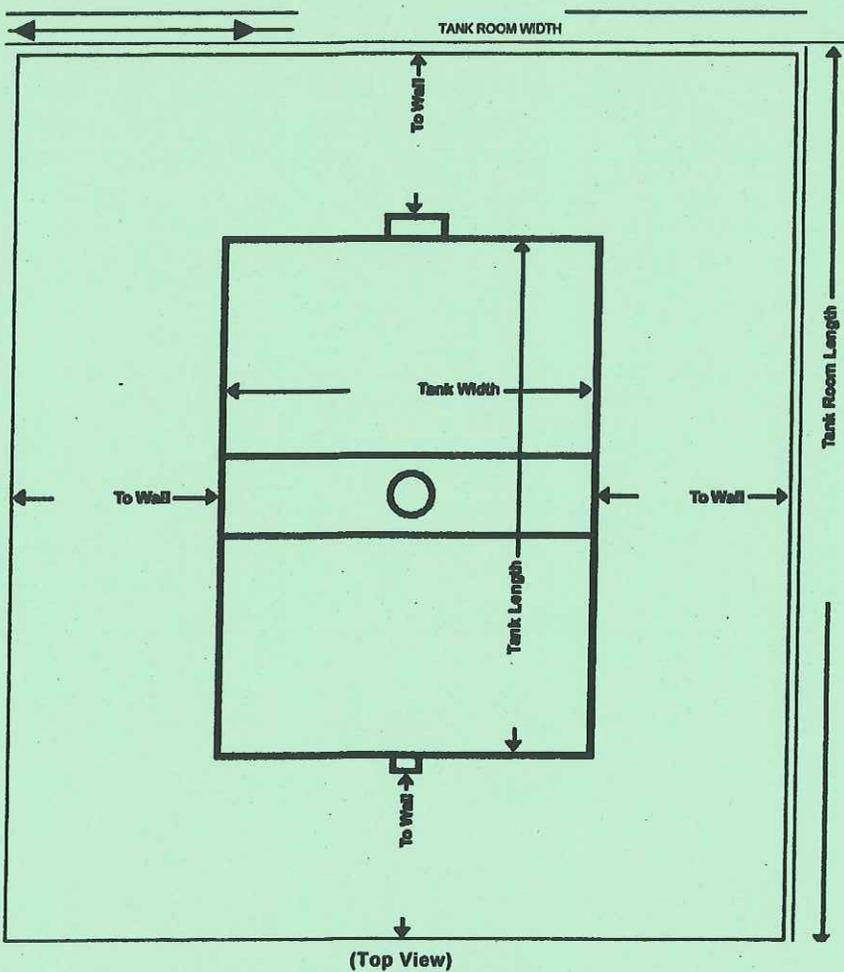
ATTACHMENT D

Bulk Tank Location Information

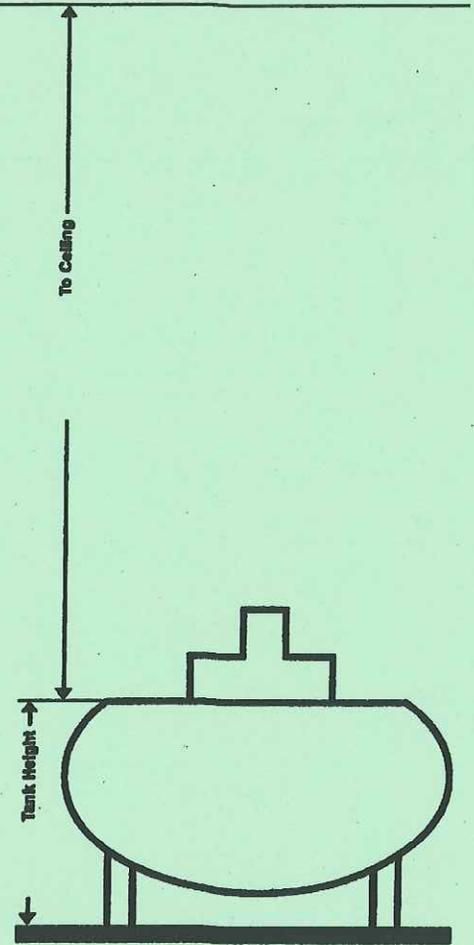
INDICATE THE SIZE AND LOCATION OF YOUR EXISTING AND/OR PLANNED BULK TANK(S)

TANK INFORMATION					
NAME OF FIRM/PERSON TANK PURCHASED FROM			INSTALLER NAME		
PURCHASED FROM ADDRESS			INSTALLER ADDRESS		
PURCHASED FROM CITY	STATE	ZIP	INSTALLER CITY	STATE	ZIP
MAKE OF TANK			NEW OR USED?		CAPACITY
			<input type="radio"/> NEW <input type="radio"/> USED		GALLONS

Using spaces provided in the drawings below, show all distances in inches and indicate location of drain, hose, portal, wash vats, milk house door, driveway and milking parlor.



(Top View)



(Elevation)

SUBMITTER INFORMATION

SUBMITTED BY

TITLE OF SUBMITTER

DATE SUBMITTED

APPROVAL (WSDA USE ONLY)

APPROVAL SIGNATURE

NAME OF APPROVER (PLEASE PRINT)

TITLE OF APPROVER

DATE APPROVED

ATTACHMENT- E

Animal Health Testing Requirements

As stated in RCW 15.36: Cows, goats, and other mammals – animal health requirements:

All milking cows, goats, and other mammals must meet the animal health requirements established by the state veterinarian under the authority of chapter 16.36 RCW.

Milk or milk products from cows, goats, and other mammals intended for consumption in the raw state must be from a herd that has tested negative within the previous twelve (12) months for brucellosis, tuberculosis, Q-Fever, and any other disease the director may designate by rule. Additions to the herd must be tested negative for the diseases within the previous thirty (30) days before introduction into the herd. The state veterinarian shall direct all testing procedures in accordance with state and national standards for animal disease eradication.

Animal Information Checklist

- _____ 1. Reviewed appropriate Animal Health rules and regulations.
- _____ 2. Animal Identification System established and animal(s) identification recorded.
- _____ 3. Completed brucellosis testing. Date of testing: _____
- _____ 4. Completed tuberculosis testing. Date of testing: _____
- _____ 5. Completed Q-Fever testing. Date of testing: _____
- _____ 6. Name of accredited veterinarian: _____
- _____ 7. Checked with WSDA Animal Health program for any additional testing requirements.
- _____ 8. Submitted records to WSDA, and made a copy for your records.

I certify that the above information is correct and that I will follow the same requirements for each addition to my herd.

Signature of Applicant

Title

Date