



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL SERVICES DIVISION
Dairy/Egg Program
Alfred Dairy Science Hall
PO Box 2104 Brookings, SD 57007
Phone: 605.688.MILK (6455) Fax: 605.688.4043
sdda.sd.gov

Application for Reinstatement of Dairy Farm Permit

Producer Name: _____ **Permit #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Milk Buyer: _____ **Inspector:** _____

Field Representative: _____ **Grade (circle one):** A B Raw

I understand that the South Dakota Department of Agriculture shall suspend this permit whenever it has reason to believe that a public health hazard exists; or whenever the permit holder fails to conduct operations and maintain premises in accordance with the State of South Dakota dairy laws, rules and regulations.

I hereby request a reinspection for reinstatement of my dairy farm permit. All violations marked on my previous inspection have been corrected.

I further understand that interference or refusal to allow inspection by the South Dakota Department of Agriculture or its representative will result in the suspension or revocation of this permit.

Producer Signature

Date

Inspector Signature

Date