



**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE**

**AGRICULTURAL SERVICES DIVISION**

Dairy and 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 Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Milk Buyer:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_

**Field Representative:** \_\_\_\_\_ **Grade:**  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**