



Department of Agriculture

DIVISION OF AGRICULTURAL SERVICES

Foss Building, 523 East Capitol
 Pierre, South Dakota 57501-3182
 Phone (605) 773-4294

Inspector Initial / Fieldmark name _____

Date _____

Permit # _____

PERMIT APPLICATION OR TRANSFER FORM

TO SELL GRADE A MILK IN SOUTH DAKOTA

From "B" to "A"

I wish to make application for farm certification to sell whole milk for human consumption, pursuant to Chapter 39-6 of the South Dakota Codified Laws.

TO SELL MANUFACTURING GRADE MILK IN SOUTH DAKOTA

From "A" to "B"

I wish to make application for farm certification to sell whole milk for further processing, pursuant to Chapter 40-32 of the South Dakota Codified Laws.

TRANSFER: TO: _____ **FROM:** _____ **DATE:** _____

NAME CHANGE: _____
 Old Permit Name

NEW NAME _____

I understand I must apply prior to my desire to sell milk and that the privilege to sell milk is dependent upon my dairy operation meeting the minimum standards established for the sale of whole milk for further processing. I wish to sell my milk to:

Name of Plant _____

Grade "A" BTU# _____

Located at _____
 City State Zip

I further understand that the secretary has requested and I am consenting to inspection by the State Department of Agriculture's Agricultural Services from time to time and access to my premises, including the dairy facility at any time is expressly granted. Failure to comply with the laws and rules of the State places my farm permit in jeopardy.

I want to begin selling milk on: _____
 Month Day Year

Print Name of person info is to be mailed to: _____ Phone # _____

Mailing Address Mailing City Mailing State Mailing Zip

Address of milking facility: _____ Phone # _____
 Address City

Location from town (give directions in miles) _____

County Township Range Section

Signed: _____ Date _____

Print Name: _____

Revised 03/03