

**SD Department of Agriculture
Division of Agricultural Services
523 E. Capitol Ave., Foss Bldg.
Pierre, South Dakota 57501-3182
Phone – (605) 773-3724
Fax – (605) 773-3481**

**Application for Reinstatement
of Dairy Farm Permit**

Producer Name : _____ **Permit #** _____

Address : _____ **County** _____

Milk Buyer : _____ **Inspector :** _____

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

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 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

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I have visually inspected this producer's operation and premises and have determined that all violations marked on his previous inspection have been corrected. I have fully discussed the requirements for milk production with this producer and agree to continue to work with him so that farm conditions and milk quality standards are maintained.

Fieldperson Signature

Date