PMMB-81-B (Rev. 10/16)

2017
RENEWAL

COMMONWEALTH OF PENNSYLVANIA
MILK MARKETING BOARD
2301 NORTH CAMERON STREET
HARRISBURG PA 17110-9408
(717) 787-4194

www.mmb.pa.gov

RENEWAL APPLICATION FOR TESTER CERTIFICATE
January 1, 2017 through December 31, 2017

$20.00 LICENSE FEE DUE BY DECEMBER 1, 2016

Application is hereby made for a Tester Certificate under the provisions of the Milk Marketing Law Act of April 28, 1937, (P.L. 417, No. 105) as amended.

LICENSE NUMBER_____

Name _____
Last First Middle

Street Address _____

City _____ County _____ State _____Zip_____

Phone# ( ) _____ Fax#_____Email:_____

LIST name, address, and license number of each laboratory/organization for whom you work and their Pennsylvania Milk Marketing Board License number (if known). Use the back of the form if needed. If you are not currently employed as a Tester, please check this box. ☐ No

NAME	ADDRESS	LICENSE #

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 PA. C.S. Section 4904 (relating to unsworn falsifications to authorities).

SIGNATURE_____ DATE_____

(Note: There is a $20.00 service charge for any returned checks and you may be subject to interest and penalties.)

INSTRUCTIONS:

Please review your license renewal application which has been partially completed for you with information taken from our computer system. Kindly make changes, if any, where applicable. Once completed, sign, date and submit your renewal application together with your $20.00 license fee (check or money order, made payable to the Commonwealth of Pennsylvania), to the Pennsylvania Milk Marketing Board, 2301 N. Cameron St., Harrisburg, PA 17110, Attn: Deborah Laudenslager. To avoid legal action by the Board, it is important that you comply with the December 1st due date to ensure you receive a valid certificate for the licensing period beginning January 1, 2017.
***Note*: It is unlawful for any person to test milk unless that person has a valid tester certificate issued by the Board.**
If at any time during the licensing period there is a change to any information contained in this application, please notify the Milk Marketing Board @ 717-787-4786.

FOR PMMB OFFICE USE ONLY:

LICENSE NUMBER:_____ Date License Mailed _____
Comments:_____**Amount Due: $20.00** **Amount Paid $**_____
_____ Check #: _____ Check Date: _____
_____ MO # _____MO Date: _____