

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

**APPLICATION FOR  
WEIGHER & SAMPLER CERTIFICATE**

\*Have you previously been issued a certificate by the Milk Marketing Board as a Weigher/Sampler?

If yes, please provide the issue date \_\_\_\_\_ and license number \_\_\_\_\_.

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**LIST** name, address, and license number of each dairy or hauling company by whom you are or will be employed. If employed by more than one, please list all. Use back of this page if necessary. Indicate if you are self-employed and provide your haulers' license number.

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 falsification to authorities).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FEE \$45**

**\*NO CASH PAYMENTS ACCEPTED\***

**MAKE CHECKS OR MONEY ORDER PAYABLE TO: THE COMMONWEALTH OF PENNSYLVANIA.**

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

**TO BE COMPLETED BY PMMB or PDA STAFF** W/S Test Score \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

<b>FOR PMMB OFFICE USE ONLY:</b>	
LICENSE NUMBER: _____	Date License Mailed _____
Date Application Received _____	Check Date: _____ Check Number: _____
First Licensed: _____	Amount: _____ MO Date: _____
Comments: _____	MO Number: _____
_____	Compliance by: _____