

COMMONWEALTH of PENNSYLVANIA
MILK MARKETING BOARD
2301 NORTH CAMERON STREET
HARRISBURG PA 17110-9408

Phone: 717-787-4194
Fax: 717-705-2712

Website: www.mmb.pa.gov

APPLICATION FOR NEW TESTER CERTIFICATE

January _____ through December _____

Name _____
Last First Middle Initial

Street Address _____

City _____ County _____ State _____ Zip code _____

Phone # _____ Fax # _____ Email: _____

LIST name, address, and license number of each laboratory/organization for which 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 #

I hereby affirm that the foregoing information is true and correct to the best of my knowledge, information and belief: said affirmation being made subject to the penalties prescribed by 18Pa. C.S. Section 4904 (relating to unsworn falsifications to authorities).

SIGNATURE _____ DATE _____

MAKE CHECK PAYABLE TO: COMMONWEALTH of PENNSYLVANIA
There is a **\$20.00** service charge for any returned checks.
No cash payments accepted
\$30.00 Examination Fee + **\$25.00** License Fee = **\$55.00** Total

TO BE COMPLETED BY EXAMINER	
TEST SCORE _____	BHC TEST SCORE _____
Date: _____	Examiner's Signature _____

FOR PMMB OFFICE USE ONLY:	
LICENSE NUMBER: _____	Date License Mailed _____
Date Application Received _____	Check Number: _____ Check Date: _____
First Licensed _____	MO Date: _____ MO Number: _____
Exam Number: _____	Amount: _____