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: _____________________________