

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**

**2021  
RENEWAL**

**JANUARY 1, 2021 through DECEMBER 31, 2021**

**\$25.00 LICENSE FEE DUE BY DECEMBER 1, 2020**

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# ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** Please provide email for emailing of Certificate & future renewals.

**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 #
_____	_____	_____
_____	_____	_____

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 18 PA. C.S. Section 4904 (relating to unsworn falsifications to authorities).

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

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

Please review your license renewal application and be sure it is complete and correct. Once completed, sign, date and submit your renewal application together with your \$20.00 license fee (check or money order only, made payable to Commonwealth of Pennsylvania).

**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 – Fatima Roberge at 717-836-3114 or email [froberge@pa.gov](mailto:froberge@pa.gov)

Please call or email if license is no longer needed.

**FOR PMMB OFFICE USE ONLY:**

LICENSE NUMBER: _____	DATE LICENSE MAILED: _____
COMMENTS: _____	Amount Due: <b>\$25.00</b> Amount Paid \$ _____
_____	Check #: _____ Check Date: _____
_____	MO # _____ MO Date: _____

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