

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

**2022
RENEWAL**

**RENEWAL
APPLICATION FOR
TESTER CERTIFICATE**

JANUARY 1, 2022 through DECEMBER 31, 2022

\$25.00 LICENSE FEE DUE BY DECEMBER 1, 2021

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 \$25.00 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 Please call or email if license is no longer needed.

FOR PMMB OFFICE USE ONLY:

LICENSE NUMBER: _____ DATE LICENSE MAILED: _____

COMMENTS: _____ Amount Due: **\$25.00** 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.)