

COMMONWEALTH OF PENNSYLVANIA
MILK MARKETING BOARD
2301 NORTH CAMERON STREET- ROOM 110
HARRISBURG PA 17110-9408
(717) 787-4194
www.mmb.state.pa.us

**NEW APPLICATION FOR
WEIGHER & SAMPLER CERTIFICATE**

JANUARY 1, _____ **through DECEMBER 31,** _____

FEE \$45

Have you previously been issued a certificate by the Milk Marketing Board as a Weigher/Sampler? Y / N
If yes, please provide the most recent year _____ and license number _____

NAME: _____
LAST FIRST MIDDLE

STREET ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____

ZIP _____ **PHONE ()** _____

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 #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm that this 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 falsification to authorities).

SIGNATURE _____ **DATE** _____

NO CASH PAYMENTS ACCEPTED

MAKE CHECKS OR MONEY ORDER PAYABLE TO: **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:** _____

FOR PMMB OFFICE USE ONLY:

LICENSE NUMBER: _____ Date License mailed: _____
Comments: _____ Check Date: _____ Check Number: _____
Amount: _____ M.O. Date: _____
M.O. Number: _____

Exam fee= \$25.00 + Application \$20.00 = \$45.00