

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

**2019
RENEWAL**

**RENEWAL APPLICATION FOR
WEIGHER/SAMPLER CERTIFICATE**

JANUARY 1, 2019 through DECEMBER 31, 2019

\$20.00 LICENSE FEE - DUE BY DECEMBER 1, 2018

Application is hereby made for a Weigher/Sampler 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: _____

Please check one of the following:

- _____ I am **Not** renewing my certificate. If not renewing you may call or email (see below), or you may return this form.
- _____ I am renewing my certificate, but I am not currently employed as a weigher/sampler.
- _____ I am renewing my certificate and I am currently employed as weigher/sampler.

LIST the name and address of each dealer or milk hauler for whom you work and their Pennsylvania Milk Marketing Board License number (if known). Use the back of the form if needed.

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 falsifications to authorities).

SIGNATURE _____ DATE _____

INSTRUCTIONS

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

***Note:* It is unlawful for any person to weigh/sample milk unless that person has a valid weigher/sampler 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 at 717.836.3114 or email Fatima Roberge at froberge@pa.gov**

FOR PMMB OFFICE USE ONLY:

LICENSE NUMBER: _____ DATE LICENSE MAILED _____

COMMENTS: _____ AMOUNT DUE: **\$20.00** AMOUNT PAID \$ _____

_____ CHECK #: _____ CHECK DATE: _____

_____ M.O. # _____ M.O. DATE: _____

There is a \$20.00 service charge for any returned checks and you may be subject to interest and penalties.