

COMMONWEALTH of PENNSYLVANIA  
MILK MARKETING BOARD  
2301 NORTH CAMERON STREET  
HARRISBURG PA 17110-9408

Phone: 717-787-4194  
Fax: 717-705-2712

Website: www.mmb.state.pa.us

**APPLICATION FOR TESTER CERTIFICATE**

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 #

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's 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\***

\$25.00 Examination Fee

\$20.00 License Fee

**\$45.00 Total**

<b>TO BE COMPLETED BY EXAMINER</b>	
TEST SCORE _____	BHC TEST SCORE _____
Date: _____	Examiner's Signature _____

<b>FOR PMMB OFFICE USE ONLY:</b>	
LICENSE NUMBER: _____	Date License Mailed _____
Date Application Received _____	Check Date: _____ Check Number: _____
First Licensed _____	MO Date: _____ MO Number: _____
Exam Number: _____	Amount: _____
	Compliance by: _____