



GEORGIA DEPARTMENT OF AGRICULTURE

Gary W. Black, Commissioner www.agr.georgia.gov

REQUEST FOR GRADE A MILK PRODUCER PERMIT (GOAT)

NEW BARN \_\_\_\_\_ EXISTING BARN \_\_\_\_\_

Premise ID (assigned by computer) \_\_\_\_\_ Establishment Code \_\_\_\_\_

Milk Handler \_\_\_\_\_ New Milk Permit No. \_\_\_\_\_ County (of Dairy) \_\_\_\_\_

Name of Dairy \_\_\_\_\_

Name of Owner/Producer \_\_\_\_\_

Physical Address (Barn Address) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Barn Telephone \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Other Telephone Numbers: (cell & who's) \_\_\_\_\_ (cell #2) \_\_\_\_\_

(Fax) \_\_\_\_\_ Other (explain) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Well Water Sample \_\_\_\_\_ Date Cows T.B. Tested \_\_\_\_\_

\*If well water or T.B. Tests are from another dairy please indicate that farms permit # in the blanks above.

Number of Cows \_\_\_\_\_ Has, or have applied for, LAS or NPDES (if applicable) \_\_\_\_\_

Septic Tank Approval Date (if applicable) \_\_\_\_\_ Date of proposed 1st pickup \_\_\_\_\_

If existing dairy, give former owner and dairy name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Owner/Producer \_\_\_\_\_

Date Inspected and Approved \_\_\_\_\_ Signature of Sanitarian/Sanitarian No. \_\_\_\_\_

ATTACH TEMPORARY PERMIT AND ALL APPLICABLE PAPERWORK

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

- 1. LAS permit or NPDES current for number of cows. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Current well water sample for farm above Yes \_\_\_ No \_\_\_ Date \_\_\_
3. Dairy under warning Yes \_\_\_ No \_\_\_
4. Toilet meets current standards (Health Dept. approval on new toilets) Yes \_\_\_ No \_\_\_
5. Completed inspection above 90. Yes \_\_\_ No \_\_\_ Date \_\_\_
6. Called office to advise change is O.K. Yes \_\_\_ No \_\_\_

If 'no' to any of the above, a permit will not be issued without signed agreement below (exception: #3).



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PRODUCER PERMIT CHANGE SHEET (GOAT)

\*\*\*ISSUANCE OF A NEW PERMIT REQUIRES DAIRY TO MEET ALL CURRENT REQUIREMENTS\*\*\* THE ONLY SITUATION WHERE A NEW PERMIT IS NOT TO BE ISSUED IS ADDING OR DELETING ANAME TO AN EXISTING PERMIT NAME. (EXAMPLE: ADD OR DELETE WORD "INC", "LLP").

MILK HANDLER CHANGE NAME CHANGE

PERMIT TO BE CANCELLED: YES NO (Not necessary when adding or deleting name to existing permit. Permit number not to change. Applicable as long as original owner remains on permit.)

PRESENT PERMIT NUMBER PREMISE ID

NEW MILK HANDLER NEW PERMIT NO.

NAME OF PRESENT DAIRY

NEW PRODUCER PERMIT NAME

MAILING ADDRESS

CITY ZIP COUNTY

DATE NEW PERMIT EFFECTIVE

REMARKS (any additional information):

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

- 7. LAS permit or NPDES current for number of cows.
8. Current well water sample for farm above
9. Dairy under warning
10. Toilet meets current standards
11. Completed inspection above 90.
12. Called office to advise change is O.K.

\* If no to any of the above, no permit will be issued without signed agreement below (exception: #3).

DATE SIGNATURE OF SANITARIAN

OUT OF BUSINESS

Premise ID Present Permit No. (Cancel) Date of Last Pickup

Present Farm Name Present Owner

Address City County

IF THIS DAIRY IS GOING OUT OF BUSINESS - DOES IT HAVE A LAGOON OR ANY OTHER KIND OF WASTE MANAGEMENT SYSTEM: Yes No

Out of Business Date Sanitarian's Name