Handler Name

FEDERAL MILK ORDER No. 1

Northeast Marketing Area

Albany:
One Columbia Circle
Albany, NY 12203-6379
Tel: (518) 452-4410

89 South Street
Boston, MA 02111-2671
Tel: (617) 737-7199

Alexandria:
P.O. Box 25828
Alexandria, VA 22313-5828
Tel: (703) 549-7000

MA-B
OMB No. 0581-0032

"This report is required by the Order in accordance with 7 U.S.C. 608c and d. Failure to report can result in the assessment of a civil penalty of up to $1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to $5,000 per day (7 U.S.C. 608c (14)(A))."

Report on this form all movements of bulk fluid milk products and fluid cream products made at your direction, for which you are not required to submit a plant report or a bulk tank unit report to the Market Administrator.

This report properly prepared and signed must be submitted to the above address on or before the 10th of the month following the month for which the report is prepared.

BROKERAGE REPORT

REPORT OF PRODUCT MOVEMENTS NOT OTHERWISE REPORTED

For Month of _____ 20 _____

DO NOT WRITE IN SHADED AREAS

SHIPPER			RECEIVER			PRODUCT				
Handler Name	Plant Location or Bulk Tank Unit Name	Code	Handler Name	Plant Location	Code	Name	Code	Pounds of Product	Pounds of Butterfat	Class
For Market Administrator Use Only										

SHIPPER			RECEIVER			PRODUCT				
Handler Name	Plant Location or Bulk Tank Unit Name	Code	Handler Name	Plant Location	Code	Name	Code	Pounds of Product	Pounds of Butterfat	Class
For Market Administrator Use Only										

For Market Administrator Use Only	Operator 1
	Operator 2

The information provided is complete and accurate to the best of my knowledge and belief.

Handler's Name: _____

Signed by: _____

(Person authorized to sign on behalf of handler)

Title: _____ Date: _____