FEDERAL MILK ORDER No. 1

Northeast Marketing Area

Albany: 302A Washington Avenue Ext. Albany, NY 12203-7303 Tel: (518) 452-4410

Handler Name

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

DO NOT WRITE IN SHADED AREAS											
SHIPPER			RECEIVER			PRODUCT					
Handler Name	Plant Location or Bulk Tank Unit Name	Code	Handler Name	Plant Location	Code		Code	Pounds of Product	Pounds of Butterfat	Class	
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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	The informatio	n provided is complete and accurate to the	ne bes	st of my knowledge and belief.					
			Handler's Nan	s Name:							
	Operator	2	Signed by:								
				(Person authorized to sign on behalf of handler)							
			Title:	Date:							

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 0.25 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information.

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