

Return to: **XXX Federal Milk Order XXX**

Address: XXX

XXX

Tel: XXX — Fax: XXX

Email: XXX

MA 201
 Form Approved, 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)).

Submitting Handler _____

Please Check Type of Change:

New Producer

Address or Name Change

Going Out of Business

Dairy Farmer for Other Market Re-association

Notification of Producer Change(s)

Instructions: On or before the ____ day after the end of the month, each handler shall report to the Market Administrator all producer changes in farm operators.

Patron Number	Check if Organic	Producer	Mailing Address (if mailing address is different from farm address please provide both)	Delivery		Name of Handler/Cooperative Involved in Change or Division Number	Stock Certificate or Contract No.
				Start Date	Stop Date		
		Name:	Address:				
		Name:	Address:				
		Name:	Address:				
		Name:	Address:				
		Name:	Address:				
		Name:	Address:				

Person Authorized to Sign for Handler _____ Title _____ Date _____

MA Office Use
 Initials _____ 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 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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