U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0212 Expiration Date: July 31, 2018 See Reverse for OMB Statement

NOTE: Read regulations caref shipment to the United	ully before filling out this applicat States. If additional space is req	tion. A separate application juired, continue on reverse	must be filled out for each establish referring to specific item being contir	ment making direct nued.
·	Application is hereby made b o the United States as provide	by a permit to ship or tran	sport milk and/or cream	
1. Shipper's name in full	<u> </u>		nment location from which applicant	ships
 List names and locations of the second s	ne dairy farm(s) from which the m	nilk is obtained <i>(Use separa</i>	te sheet if necessary.)	
	erculin test applied by a duly auth n is produced, within one year pr sis?			☐ YES ☐ NO
. Have the cows producing milk or cream been subjected to a physical examination in the past year? If "Yes", by whom?			☐ YES ☐ NO	
 List the approximate number supply proposed for importati 		7. List plant(s) and/or sta	ation(s)	
8. Does applicant reside in the L transport the product to the U	United States and make collection Inited States?	Ins of milk or cream by his o	wn or hired conveyances which	☐ YES ☐ NO
9. If the answer to Question 8 is	"YES", list by name the dairy far	rms supplying milk to the co	ellecting conveyances.	
0. Usual means of transportation	a. 🗌 TRUCK	b. 🗌 RAILROAD	c. OTHER (Specify)	
1. Give location of customs offic	e through which entry into the Ur	nited States is made.		
	nited States of a condensery or c denseries are within 15 miles of			U YES
				□ YES □ NO
4. If the answer to Question 12 i	s "YES", give name and location	of such condensery or con	denseries.	
	roducer shipping to a creamery of ? State whether operator or proc		States within 20 miles of the	☐ YES ☐ NO
16. If the answer to Question 15 is "YES", do you import raw milk for any purpose other than pasteurization, condensation, or evaporation?				□ YES □ NO
7. If the answer to Question 15 i	s "YES", give names and location	ns of creameries or conden	series.	
8. Name of milk or cream produc	ct involved			
9.	20. Title and signature of office partnership	r of corporation or	21. Address to which permit is to	be sent
Partnership				
ORM FDA 1993 (10/15)		EDITION IS OBSOLET		SC Publishing Services (301) 443-674

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