



Certificate No. _____
(Office Use Only)

Application for the Pennsylvania Approval of the Director of a Laboratory for the Bacteriological Examination of Milk and Dairy Products

FROM: _____
(Name of Applicant - First and last name in full, as requested on certificate)

(Street Address, City, State, Zip Code - For certificate to be mailed)

TO: _____ DATE: _____

Department of Agriculture
Bureau of Food Safety and Laboratory Services
ATTN: Laboratory Evaluation Officer
2301 N. Cameron Street
Harrisburg, PA 17110-9408

Application is hereby made for a certificate of approval as a Laboratory Director for the Bacteriological Examination of Milk and Milk Products for the following procedures:

EDUCATION

High School: _____

College: _____

Curriculum: _____

Degree earned: _____

Graduate School or other training: _____

Certificates: _____

EXPERIENCE IN THE BACTERIOLOGICAL EXAMINATION OF MILK

Give name and address of present employer, date of employment, and nature of work performed:

*Give name and address of previous employer(s), date of employment, and nature of work performed:

Name and location of laboratory for which approval is desired:

Date Laboratory Director Examination was completed: _____

*(Use reverse side or separate page for additional information, if necessary)