



NEW BRUNSWICK FARM PRODUCTS COMMISSION

APPLICATION FOR A MILK GRADER LICENCE

I (name) _____

of (Applicant's mailing address)

_____ (street)

_____ (city, province)

_____ (postal code)

hereby make an application for a Milk Grader Licence under the *Natural Products Act* and Regulations.

Name and address of employer:

You are currently engaged in:

1. _____ On-farm milk pick-up;
2. _____ Dairy Plant Operations i.e.:
_____ Milk Receiver; _____ Other
3. _____ Other; Please indicate _____

This application must **be accompanied by the required fee of twenty-five dollars (\$25.00)** and returned to this office.
(Please make cheque payable to the Minister of Finance).

DATE

SIGNATURE

RETURN TO:

N.B. Farm Products Commission
P. O. Box 6000
Fredericton, N.B. E3B 5H1

Telephone: (506) 453-3647 Fax: (506) 444-5969