

Fields marked with an asterisk (*) are mandatory.

"Proof of passing examination" is required to complete this application.

What type of Plant Milk Grader certificate are you applying for? *

New
 Renewal
 ▶ Current Plant Milk Grader Certificate Number (6-digit) (required if a renewal) *

▶ Expiry date of current Plant Milk Grader certificate (yyyy/mm/dd) (required if a renewal) *

Section 1. Applicant Information

Last Name *	First Name *
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Applicant's dairy experience *

Physical Address

Unit Number	Street Number *	Street Name *
City, Town or Village *		Province *
		Postal Code *
Telephone Number * ext.		Email Address *

Section 2. Place of Employment

Plant Name *

Address

Unit Number	Street Number *	Street Name *
City, Town or Village *		Province *
		Postal Code *

Applicant's current duties *

Section 3. Training

Include a copy of your "Proof of passing examination" when submitting your application for a certificate.

Section 4. Declaration

Notice of Collection of Personal Information

Personal information on this form is collected as it is necessary for the proper administration of section 88 of R.R.O. 1990, Regulation 761: Milk and Milk Products under the *Milk Act*, R.S.O. 1990, c. M.12. It will be used for the purpose of issuing a certificate to act as a Plant Milk Grader, including contacting the applicant.

Questions about the collection should be directed to the Inspection Programs Unit at dairyfoodsafety@ontario.ca.

I certify that the information submitted in this application is true and correct to the best of my knowledge. *

Name of Applicant (First and Last Name) *

Date (yyyy/mm/dd) *

For mail submission, send completed form and supporting documents to: Director, Ministry of Agriculture, Food and Agribusiness, Food Safety Inspection Delivery Branch, 1 Stone Road West, 5th Floor North West, Guelph ON N1G 4Y2.