

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) \*
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- ▶ 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.

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## Section 4. Declaration

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### 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](mailto:dairyfoodsafety@ontario.ca).

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

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Name of Applicant (First and Last Name) \*

Date (yyyy/mm/dd) \*

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**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.