



State of New York  
 Department of Agriculture & Markets  
 Division of Milk Control & Dairy Services  
 10 B Airline Dr.  
 Albany, NY 12235

**APPLICATION TO INSTALL / MODIFY  
 DAIRY PROCESSING EQUIPMENT**

*Pursuant to Part 2 of 1 NYCRR §2.64 paragraph (b), I hereby make application to install or modify dairy processing equipment at the facility listed below.*

Plant Name & Number	
Address (incl. County) & Phone #	
PPS Name & Contact (incl. email address)	
Project Title	
Approximate Start Date	Approximate Welding Date
Plant Representative, Signature & Date	

**FOR OFFICE USE ONLY**

**Project Tracking #:** \_\_\_\_\_  
**DATE RECEIVED:** \_\_\_\_\_

Received Process Narrative  
 Received Flow Diagram / Layout  
 Received Equipment List  
 Received Installer Information

**PLAN APPROVAL**

Dairy Products Specialist, Signature & Date

**INSTALLATION APPROVAL**

Dairy Products Specialist, Signature & Date

**THIS APPLICATION, WHEN PROPERLY FILLED OUT BY THE REGULATORY AGENCY, SERVES AS THE OFFICIAL APPROVAL.  
 PLEASE MAINTAIN A COPY OF THIS APPLICATION ON FILE FOR REVIEW BY OTHER INSPECTION AGENCIES.**