



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 A HIGH
 TEMPERATURE SHORT TIME (HTST) or HIGHER HEAT
 SHORTER TIME (HHST) PASTEURIZATION SYSTEM**

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			
Install or Remodel	HTST or HHST	Capacity (lbs. per hour)	Approximate Date of Installation

Principal Equipment		
Timing Pump (Make)	Model	Drive / AC Controller
Flow Diversion Device (Make)	Model	
Recorder Controller (Make)	Model	
Programmable Logic Controller (PLC) - (Make)	Model	
Regenerator Booster Pump (Make)	Model	Drive / AC Controller
Regenerator Differential Pressure Switch (Make)	Model	

Plate Heat Exchanger						
Make			Model			
List Each Section of the Plate Heat exchanger, Media (steam, glycol, etc.) & Number of plates						
Section, Media	No. Plates	Section, Media	No. Plates	Section, Media	No. Plates	Other
Section, Media	No. Plates	Section, Media	No. Plates	Section, Media	No. Plates	

Holding Tube	Diameter	Length in Inches	Capacity (cu. In.)	Expected Hold Time (incl. flow rate)

Meter Based Timing System	
Magnetic Flow Meter (Make)	Model
Flow Promoting Device (Make)	Model
Flow Recorder (Make)	Model

Additional Equipment		
Homogenizer (Make)	Model	Drive / AC Controller
Homogenizer Stuffing Pump (Make)	Model	Drive / AC Controller
Separator (Make)	Model	Drive / AC Controller
Separator Stuffing Pump (Make)	Model	Drive / AC Controller
Vacuum Breaker (Make)	Model	

Additional Comments

Plant Representative, Signature and Date

FOR OFFICE USE ONLY

DATE RECEIVED:		Project Tracking #:	
Floor space and facilities found adequate by DPS review		Received Process Narrative with Equipment List Received Flow Diagram / Layout	
DPS Initials:	Date:	Received PLC Ladder Logic & Wiring Diagram Received Installer Information Received Testing SOP	

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.**