INDIANA STATE BOARD OF ANIMAL HEALTH
1202 E. 38th Street, Indianapolis IN 46205
317-544-2400 or FAX 317-974-2011

CHANGE OF PRODUCER STATUS

MFG GRADE FARM # _____ ***Note this number stays with farm not producer**

GRADE A PERMIT # _____ ***Note this number stays with farm not producer**

NAME: _____ **COUNTY:** _____

FARM NAME (if different): _____

FARM ADDRESS: _____

MAILING ADDRESS: _____

ROUTE _____ **ROUTE OWNER** _____ **PATRON** _____ **BTU NAME /#** _____

MARKETING CO-OP OR PLANT: _____

CHECK ONE OF THE FOLLOWING:

- ☐ **NEW FARM GRADE A** ☐ **MFG GRADE** ☐
- ☐ **ROUTE # CHANGE** **From:** _____ **To:** _____
- ☐ **PATRON # CHANGE** **From:** _____ **To:** _____
- ☐ **CHANGE FARM ADDRESS**
- ☐ **CHANGE MAILING ADDRESS**
- ☐ **FARM <u>TEMPORARILY OFF</u> DRY**
- ☐ **FARM <u>RETURNING TO MARKET</u>**
- ☐ **FARM OUT-OF-BUSINESS (<u>No longer shipping milk)</u>**
- ☐ **FARM QUIT GRADE A <u>GOING MANUFACTURED</u> GRADE**
- ☐ **FARM QUIT MANUFACTURED GRADE <u>GOING GRADE A</u>**
- ☐ **<u>TRANSFER FROM</u> ANOTHER MARKET (where?)** _____
- ☐ **<u>TRANSFER TO</u> ANOTHER MARKET (where?)** _____
- ☐ **NAME CHANGE -<u>NEW APPLICATION MUST ACCOMPANY THIS FORM</u>**

_____ _____

EFFECTIVE DATE **BY** **DATE**