

Michigan Department of Agriculture and Rural Development



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
**DAIRY CERTIFIED INDUSTRY FIELD
 REPRESENTATIVE APPLICATION**
 In Accordance with Act 266 of 2001 and Public Act 267 of 2001

New Application No Longer Needed

STEP 1: ORGANIZATION INFORMATION		
*Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Individual		
*Ownership Name:		
**Federal Identification #:		
Email Address:		
*Mailing Address:		
*City:	*State:	*Zip:

Office Use Only
1271

STEP 2: INDIVIDUAL INFORMATION			
*Individual Name:			
*Address:			
*City:	*State:	*Zip:	*County:
STEP 3: CONTACT INFORMATION			
*Primary Contact Name:		*Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
Additional Contact Name:		Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
STEP 4: DAIRY CERTIFIED INDUSTRY FIELD REP. - <i>Make check/money orders payable to the State of Michigan</i>			
*Nonrefundable Dairy Certified Industry Field Rep. \$150.00		ASC Hot Key (mdard use only): 1271	

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate.

* Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application
 ** Please note Federal Identification Number is not required for Individual Ownership Types