

**UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURE MARKETING SERVICES DAIRY PROGRAMS
Milk Market Administrator
Federal Orders 6 and 7**

HANDLER ORGANIZATION AND OPERATION INFORMATION

Handler: _____

Date: _____

Address: _____

Telephone: _____

Fax: _____

City/State: _____

Office/Plant Location (If other than above): _____

Signatures and Titles of Officers: _____

Names, Titles and Signatures of other authorized to Sign Report: _____

Plant Office Hours: _____

Operations in Plant: Receiving: _____ Bottling: _____ Manufacturing: _____ Other: _____

Receipts from: Cooperative Producers: _____ Nonmember Producers: _____
Other Sources: _____ Other Pool Plants: _____

Route Disposition: Within Marketing Area: _____ Number Retail Routes: _____
Number Wholesale Routes: _____

Out of Market Area: _____ Number Retail Routes: _____
Number Wholesale Routes: _____

In Other Federal Orders: _____ Number Retail Routes: _____
Number Wholesale Routes: _____

Federal Order Numbers: _____

Other Route Disposition: _____

List all Products Manufactured: _____

Other Pertinent Information: _____

Information Obtained From: _____

Information Obtained By: _____

Title: _____

Title: _____

**USDA, AMS, Dairy Programs
Market Administrator
1550 North Brown Road, Ste. 120, Lawrenceville, GA 30043
770-682-2501**

Handler Organization and Operation Information

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