



**BC Centre for Disease Control**  
Provincial Health Services Authority

Food Protection Services  
Environmental Health Services  
LL0073, 655 W 12th Ave  
Vancouver, BC V5Z 4R4

T: 604.707.2440  
F: 604.707.2441  
[www.bccdc.ca](http://www.bccdc.ca)

## Application for Dairy Plant / Worker License

### To All Dairy Plants:

When applying to be licensed or for a renewal of license, please complete this application form for each Dairy Worker. You may scan and email the forms to [fpinfo@bccdc.ca](mailto:fpinfo@bccdc.ca), or fax to 604.707.2441, or forward the completed applications together with the payment of **\$20.00 per dairy plant worker license** to *(do not send cash & if cheque is returned as non-sufficient funds, a \$30 fee will be charged).*

**Make cheque/money order payable to:**  
**Provincial Health Services Authority**

**BC Centre for Disease Control**  
**Food Protection, Environmental Health Services**  
**LL0073, 655 12<sup>th</sup> Ave W**  
**Vancouver BC V5Z 4R4**

**To pay by credit card, please**  
**complete the [Credit Card](#)**  
**[Authorization Form](#)**

In accordance with the *Milk Industry Act* and its *Regulations*, application is herewith made as set out below:

DAIRY PLANT PROCESS WORKER **Please enclose annual license fee** First-time application? Yes  No

Name (please print clearly): \_\_\_\_\_  
Last name First name

\* Have you ever been licensed under a different name (maiden name, legal change of name)? Yes  No

\* If "Yes" what was your previous name? \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Dairy Plant where employed: \_\_\_\_\_

\* Have you ever been licensed at a different Dairy Plant? Yes  No

\* If "Yes", what Dairy Plant were you licensed at? \_\_\_\_\_

Signature of Applicant: X \_\_\_\_\_

### To be filled in by Inspector only:

Permanent License  Temporary Licence Expiry Date: \_\_\_\_\_

### Application for DAIRY PLANT LICENSE

DAIRY PLANT **No fee required**

Name of Licensee: \_\_\_\_\_

Name of Plant: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Dairy Plant Contact Phone: \_\_\_\_\_ Dairy Plant Contact Email: \_\_\_\_\_

Signature of Licensee: X \_\_\_\_\_

### To be filled in by Inspector only:

Year of Licensing: 20\_\_\_\_ Approved by: \_\_\_\_\_  
Inspector

### Conditions of License:

1. \_\_\_\_\_

2. \_\_\_\_\_

Date: \_\_\_\_\_



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