



**OFFICE OF THE STATE VETERINARIAN**  
**Alaska Department of Environmental Conservation**  
 5251 Dr. Martin Luther King Jr. Avenue, Anchorage, AK 99507  
 (907) 375-8215  
[dec.alaska.gov/eh/vet](http://dec.alaska.gov/eh/vet)



## ALASKA RAW MILK PRODUCER REGISTRATION APPLICATION

PURPOSE OF APPLICATION <input type="checkbox"/> New Application <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Update Previous Application	
FARM NAME	OWNER NAME
PHYSICAL ADDRESS	MAILING ADDRESS (if different from physical address)
PHONE	EMAIL
ANIMAL SPECIES (check all that apply)  <input type="checkbox"/> Goat <input type="checkbox"/> Cow <input type="checkbox"/> Sheep	
TYPE OF SALES (check all that apply)  <input type="checkbox"/> Direct to consumer <input type="checkbox"/> Market (list markets where product is intended to be sold): _____ _____	
TYPE OF PRODUCTS (check all that apply)  <input type="checkbox"/> Raw Milk <input type="checkbox"/> Cream <input type="checkbox"/> Butter <input type="checkbox"/> Kefir <input type="checkbox"/> Ice Cream <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese    Type(s) _____ <input type="checkbox"/> Other (describe): _____	



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TYPE OF PACKAGING (List product and describe packaging to be used. Ex: Milk: Glass bottles; Cheese: Plastic wrap)

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By checking the boxes below and signing, you are indicating agreement and compliance with the statement.

<input type="checkbox"/>	I will attach a copy of a label for each product type with this application. I understand that failure to provide all required information may delay registration issuance.
<input type="checkbox"/>	I understand that any changes including contact information, physical location, owner, animal species, type of sales, or products require a new registration form to be completed and marked as an update to previous application.
<input type="checkbox"/>	I certify that I have read and understand the Raw Milk and Raw Milk Products Production and Sales regulations (18 AAC 32.070)
<input type="checkbox"/>	I certify that I am in compliance with the requirements necessary to sell raw milk and/or raw milk products in accordance with these regulations (18 AAC 32.070)
<input type="checkbox"/>	I certify that I will continue to meet the requirements as long as I hold registration to operate under those regulations.
<input type="checkbox"/>	I further understand that failure to meet these requirements may result in my registration being revoked, forfeiting the authorization to sell raw milk and raw milk products, the department ordering a product recall or detention, and/or the department issuing an order to stop sale.
<input type="checkbox"/>	I understand that I am responsible for complying with all applicable local, state, and federal regulations.

<b>OFFICE USE ONLY</b>
Issued Date: _____
Registration Number: _____

\_\_\_\_\_ SIGNATURE OF OWNER

\_\_\_\_\_ DATE