## **Chapter ATCP 83**

## **APPENDIX B**

## **SAMPLE PRODUCER AFFIDAVIT**

		Grade A Permit # (if applicable)				
Name	ne			License # (if applicable)		
Address						
City						
Name of Farm						
Address (if different)						
City			State	Zip Code		
Telephone ()	Plant Rec	ceiving Milk				
State of Wisconsin	) ) ss:					
County of	) 33.					
I,	, as the	owner or permit he	older responsible fo	or the dairy farm operation		
identified above, hereby certify	y as follows:					
1. That no animals on the alknown as recombinant bovine			th recombinant boy	ine somatotropin (rBST), also		
2. That no animals on the a	bove farm have receiv	ved rBST treatmen	ts within the past 3	0 days;		
3. That I will provide writte on my dairy cattle; and	n notice to the buyer o	of my milk at least	thirty (30) days in a	dvance if I intend to use rBST		
4. That I will not sell milk f the previous 30 days.	from animals added to	my herd if those a	nimals may have re	eceived rBST treatment within		
I declare, under oath, that th	e above statement is t	true and correct to	the best of my know	wledge.		
Producer Signature		, Subscri	bed and sworn to b	efore me thisday of		
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		N	otary Public	County, Wisconsin		
		M	Iy Commission Exp	•		