



# APPLICATION FOR ROUTE / TRUCK PERMIT

State Form 50907 (R5 / 10-24)

## INDIANA STATE BOARD OF ANIMAL HEALTH DAIRY DIVISION

Discovery Hall  
1202 East 38th Street, Suite 100  
Indianapolis, IN 46205-2898  
Telephone number: (317) 544-2400  
Fax number: (317) 974-2011

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a milk route/ truck permit.

- INSTRUCTIONS:**
1. Please print clearly
  2. Permits must be renewed each year.
  3. Before the application can be considered. It must be filled out completely and signed by the applicant.
  4. Renewal permits will only be issued if the tank/truck is inspected within the last year.
  5. Have the tank inspected. If inspected by another state regulatory please provide a copy of the inspection.
  6. Please complete this form and return it via fax or mail to the address above.
  7. You may email to [tprice@boah.IN.gov](mailto:tprice@boah.IN.gov)
  8. List all tanks you want to be permitted on the second page.

Name of Company		Email of Company	
Name of Contact		Email of Contact	
Address number and street	City	State	ZIP Code
Telephone number (      )	Cell phone number (      )	Fax number (      )	
List states and/or plants you regularly unload in ----- -----			
Other products hauled or handled ----- -----			
This is to affirm under penalty that the above facts are true and that I am complying and will continue to comply with all laws and rules pertaining to my business.			
Signature of applicant		Date of signature (month, day, year)	

This is to affirm that I have examined said vehicle and find it in compliance with the rules, and I hereby approve this application and request the issuance of a permit. Authorized signature required for new trucks only.	
Signature of authorized representative of the Board of Animal Health	Date of signature (month, day, year)

DATE: \_\_\_\_\_ OWNER: \_\_\_\_\_

[illegible]