



COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

State Milk Commission

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PRODUCER BASE TRANSFER APPLICATION

TRANSFERRING FARM

License Number

Producer Name

Farm Name

Address

Cooperative

Cooperative Number

Transfer Type

Nine-Month Base Amount to Transfer

Effective Date

I authorize the transfer of the producer base listed above to the designated recipient farms.

Signature: _____

Name:

Date:

PRODUCER BASE TRANSFER APPLICATION

DESIGNATED RECIPIENT FARM(S)

Please list the Commission license number, farm name, and nine-month base amount to be transferred to each recipient below. If the farm is new or amending its license, complete the Supplemental Information section of this application in addition to this section.

License Number Farm Name

Nine-Month Base

Total base transferred to recipient farms:

PRODUCER BASE TRANSFER APPLICATION

SUPPLEMENTAL INFORMATION				
Farm Name	Producer Name	Address	Cooperative	Cooperative Number

ADDITIONAL INFORMATION
