

West Virginia Bureau for Public Health
Office of Environmental Health Services



Telephone (304) 558-2981
Fax (304) 558-1071

Capitol and Washington Streets
1 Davis Square Suite 200
Charleston, WV 25301

**APPLICATION FOR A PERMIT TO OPERATE
A BULK MILK PICK-UP TANKER**

Instructions: Send completed application to the above address or fax number along with a copy of the most recent tanker inspection report. A separate application is required for each tanker.

Name of Owner/Operator: _____

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell Phone: _____

Social Security No. (not required for gov't agencies and corporations): _____

Tanker Serial No.: _____

Tanker License Plate No.: _____ State: _____

Tanker Cell Phone No.: _____ Tanker Capacity: _____

Licensed Haulers Using Tanker: _____

Other Drivers of Tanker: _____
(not licensed haulers) _____

Milk Routes Tanker Picks Up: _____

Plants Tanker Delivers Milk To: _____
(name and city) _____

Date

Signature of Applicant

For Health Department Use Only

Date Application Received _____ By: _____

Date Inspected: _____ By: _____ State: _____

Permit No: _____ Expiration Date: _____

Comments _____
