

**PERMISSION FOR PUBLICATION  
INTERSTATE MILK SHIPPER LISTING**

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Shipper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

You are hereby advised that on (date[s]) \_\_\_\_\_ a State Rating or HACCP Listing Audit was conducted with the following results:

Producer Supply (BTU) \_\_\_\_\_ Transfer Station \_\_\_\_\_

Receiving Station: \_\_\_\_\_ Pasteurization Plant: \_\_\_\_\_

Condensed or Dry Milk Plant: \_\_\_\_\_

Enforcement Rating (For all ratings and for attached farm supplies of HACCP listings): \_\_\_\_\_

The results will be transmitted to the U.S. Food and Drug Administration. They will publish the information in the semi-annual "IMS List-Sanitation Compliance and Enforcement Ratings of Interstate Milk Shippers". The official Rating or HACCP Listing is valid for a period not to exceed two years from the earliest rating/listing date, subject to the rules of the National Conference on Interstate Milk Shipments.

**Publication Permission Section**

Permission is hereby granted to release and publish the above-stated rating or HACCP listing for use by State and Territorial Milk Control Authorities and prospective purchasers.

*It is understood and agreed* by the undersigned that the official rating or HACCP listing agency may review this supply at any time during the two-year period referred to above. It is further understood that we will notify the rating or HACCP listing agency if any significant change should occur, which affects our raw milk supply, pasteurization plant, condensing or drying plant, receiving station or transfer station status, including product list.

*It is understood and agreed* that the failure to maintain the rating or HACCP System at a level, which is acceptable for listing, may result in immediate removal of this listing.

*It is further agreed* that plants, receiving stations or transfer stations, which receive milk or milk products for processing into products for which that plant receiving station or transfer station is listed, are from a non-listed source or a source having a milk sanitation compliance rating of less than 90% shall be immediately withdrawn from the Interstate Milk Shippers List.

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SIGN AND RETURN TO \_\_\_\_\_ WITHIN FIVE (5) DAYS OF RECEIPT.  
(Name of Agency)

\_\_\_\_\_  
Name of Shipper

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date