

Chapter ATCP 83
APPENDIX B
SAMPLE PRODUCER AFFIDAVIT

Grade A Permit # (if applicable) _____

Name _____ License # (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Name of Farm _____

Address (if different) _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Plant Receiving Milk _____

State of Wisconsin)
County of) ss:
)

I, _____, as the owner or permit holder responsible for the dairy farm operation identified above, hereby certify as follows:

1. That no animals on the above farm are currently being treated with recombinant bovine somatotropin (rBST), also known as recombinant bovine growth hormone (rBGH);
2. That no animals on the above farm have received rBST treatments within the past 30 days;
3. That I will provide written notice to the buyer of my milk at least thirty (30) days in advance if I intend to use rBST on my dairy cattle; and
4. That I will not sell milk from animals added to my herd if those animals may have received rBST treatment within the previous 30 days.

I declare, under oath, that the above statement is true and correct to the best of my knowledge.

Producer Signature _____, Subscribed and sworn to before me this _____ day of _____, 2____.

Notary Public

County, Wisconsin
My Commission Expires _____