

**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 \_\_\_\_\_