



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY AND  
ENVIRONMENTAL AFFAIRS  
**Department of Agricultural Resources**  
251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax 617-626-1850 [www.Mass.gov/AGR](http://www.Mass.gov/AGR)



DEVAL L. PATRICK  
Governor

IAN A. BOWLES  
Secretary

TIMOTHY P. MURRAY  
Lieutenant Governor

SCOTT J. SOARES  
Acting Commissioner

# 2007 Massachusetts Dairy Relief Program

## Application Form

### **TO ENSURE THAT YOUR APPLICATION IS COMPLETE, YOU MUST:**

1. Complete Parts A, B and C of this Application Form.
2. Complete and sign the W-9 Request for Taxpayer ID number.
3. Sign your application where indicated.

Optional: To speed up payment, complete the Electronic Funds Transfer Form and return with this application.

**Applications must be RECEIVED at 251 Causeway Street, Boston, MA, 02114 by June 22, 2007. Late applications will NOT be accepted.**

*Questions?* Call 1-617-626-1700 and ask for the **Dairy Relief Program**.

For additional copies of the application and other information, go to the Massachusetts Department of Agricultural Resources' website at [www.Mass.gov/agr](http://www.Mass.gov/agr).

**Massachusetts Department of Agricultural Resources**  
**Dairy Relief Program**

**Application Form**

**PART A. APPLICANT INFORMATION**

Name of Producer:

Mailing Address of Producer:

Phone:

Email:

Producer's Certificate of Registration Number (Pursuant to MGL c.94 §16A):

Producer's Taxpayer ID Number (If an individual, Social Security Number):

County Location of Dairy Operation:

Name of cooperative or dealer who markets or purchases my milk:

Did you participate in MILCX program in 2006?

Yes:

No:

If **Yes**, indicate MILCX contract number:

**PART B: ELIGIBLE MILK PRODUCTION**

Eligible milk production produced during 2006 will qualify for payment. Eligible milk includes all milk produced on the farm minus unmarketable milk, e.g., three-out-of-five or positive for antibiotics, or milk produced under a suspended or revoked Certificate of Registration.

Complete the milk production schedule below or attach a separate sheet showing the same information. Be sure the producer's and dealer's name is on the attachment.

<b>Calendar year 2006</b>	<b>Eligible Production (Pounds)</b>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Eligible	

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**PART C. CERTIFICATION AND AUTHORIZATION FOR RELEASE OF RECORDS**

I hereby certify the following:

1. I held a Certificate of Registration pursuant to M.G.L. Chapter 94 §16A at least one month during calendar year 2006;
2. As of the date of this application, I hold an un-expired Certificate of Registration that is eligible for renewal on July 1, 2007 (A certificate of registration is eligible for renewal if (a) the current certificate is not under suspension, (b) the current certificate is not under revocation, and (c) the farmer has not notified the Department that production has ceased); and
3. My 2006 Total Eligible production amount was \_\_\_\_\_ lbs (from Part B on the previous page)

Furthermore, I hereby authorize the United States Department of Agriculture’s Farm Service Agency, the Federal Milk Market Administrator, my milk cooperative, or milk dealer who markets or purchases my milk to release all records and other information relating to my milk production during calendar year 2006 to the Department of Agricultural Resources.

Further, I agree to provide the Department with all records necessary to verify the information set forth in this application, and I agree to indemnify and hold harmless the Commonwealth of Massachusetts, including the Department, their respective agents, directors, officers, commissioners and employees from and against all liability in any way for any injury, damage, cost or expense in connection with the program assistance or the payment thereof.

I agree that in the event of any material misrepresentation in this application, or any submission in connection therewith, upon the request of the Department, I shall repay to the Commonwealth the amount of any program assistance received.

By this certification, authorization of records release, and agreement, I claim to be eligible to participate in this program as created pursuant to Chapter 42 of the Acts of 2007.

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this application. I also certify that I am the authorized individual eligible to make this application for assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**If the application is made on behalf of an individual, corporation, partnership, association or other legal entity, I certify that I am an officer, partner, agent or other legally authorized representative of the applicant with the authority to take such action. In such case, please provide the following information:**

\_\_\_\_\_  
Name of Individual, Corporation, Partnership, Association or other  
Legal Entity

\_\_\_\_\_  
Title of Signer:

**PLEASE TAKE NOTICE:**

All calculations and amounts are subject to review and adjustment; All Program assistance is taxable income to the applicant and will be reported to the relevant federal, state and local taxing authorities; False information in the application or any submission therewith is punishable pursuant to Massachusetts General Law. In the event that the applicant has made material misrepresentation on this application, in addition to any other remedies available under the law, the Commonwealth reserves the right to require the applicant to repay any assistance provided together with interest and penalties if applicable. Program funding is limited. Failure to apply promptly will result in loss of eligibility.

Deliver completed applications to: Scott J. Soares, Acting Commissioner  
Massachusetts Department of Agricultural Resources  
Attn: Massachusetts Dairy Relief Program  
251 Causeway Street, Suite 500  
Boston, MA 02114

Applications must be **RECEIVED** at the above address before **4:00 p.m. on June 22, 2007**. Late applications will **NOT** be accepted. Faxed or e-mailed applications will **NOT** be accepted.