

**NOTE: the Milk Producers Transportation Cost Assistance Loan Fund application period was extended to December 31, 2012 by approval of House Bill No. 5 in the 2009 Regular Session of the Mississippi Legislature**

## **MILK PRODUCERS TRANSPORTATION COST ASSISTANCE LOAN APPLICATION**

**Applications will be accepted from July 1, 2007 to December 31, 2012.**

Date of Application: \_\_\_\_\_

1. Business Name/Organization: \_\_\_\_\_

2. Taxpayer/Employer Organization:

Corporation

Proprietorship

Limited Liability Company

Other: \_\_\_\_\_

Subchapter S

Limited Liability Partnership

Subchapter C

Partnership

Non-Profit Corporation

3. Owner/Name of Primary Individual: \_\_\_\_\_

4. Street Address: \_\_\_\_\_ Post Office Box \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. In business since: \_\_\_\_\_

7. County: \_\_\_\_\_

8. Business Telephone # \_\_\_\_\_

9. Home Telephone # \_\_\_\_\_

10. Cell Telephone # \_\_\_\_\_

11. E-mail Address: \_\_\_\_\_

12. Social Security # \_\_\_\_\_

13. Tax Identification # \_\_\_\_\_

14. State Department of Health Permit # \_\_\_\_\_  
(i.e. Facility ID Number)

**(next page)**

15. Attach copies of all monthly settlement check statements that you wish to use to determine eligible pounds of milk sold commencing with January 2006.

Copies must be legible and must specify the following information on each settlement check and/or the annual summary specifying each month's milk check information.

- a. Check number and date
- b. Pounds of milk shipped/sold during the month
- c. Total amount of dollars deducted for hauling/shipping charges for milk produced/sold.

**Feel free to black out the dollar amount of the check(s) if so desired.**

I am a resident of the State of Mississippi.

I hereby give authority to obtain my farm's milk production information from the Milk Market Administration of the USDA and/or from various other appropriate sources to determine eligibility.

\_\_\_\_\_  
Signature

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_

} SS:

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed/typed name of Notary Public \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

County of residence \_\_\_\_\_ Date commission expires \_\_\_\_\_

**Mail this Application Form and copies of your monthly Milk Check(s) to:**

**Attn: C.W. "Bill" Herndon  
Department of Agricultural Economics  
Mississippi State University Extension Service  
P.O. Box 5187  
Mississippi State, MS 39762**

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