

**NEVADA DEPARTMENT OF AGRICULTURE
 FOOD & NUTRITION DIVISION-FOOD SAFETY
 405 S. 21ST. STREET
 SPARKS, NEVADA 89431
 OFFICE (775) 353-3605
 FAX (775) 353-3749**

LOAD DISPOSITION REPORT

Owner of Tanker _____	Address of Owner _____ _____	Owner's Phone # (____) _____
Tank Serial # _____	Tank Permit # _____	State Issuing Permit _____

HAULER, SAMPLER, WEIGHER, INFORMATION

Name of Hauler _____	Sampler's Permit # _____	Expiration Date ____/____/____	State Issuing Permit _____
Responsible for Disposal Yes___ No___	Disposal Location _____	Disposal Date ____/____/____	Disposal Time _____ AM/PM
Name of Hauler _____	Sampler's Permit # _____	Expiration Date ____/____/____	State Issuing Permit _____
Responsible for Disposal Yes___ No___	Disposal Location _____	Disposal Date ____/____/____	Disposal Time _____ AM/PM

EXPLANATION OF DISPOSAL METHOD

Hauler/Sampler Signature _____	Date ____/____/____

**A COPY OF THIS REPORT MUST BE SENT TO THE DEPARTMENT
 WITHIN 24 HOURS OF MILK DISPOSAL**