COMMONWEALTH OF VIRGINIA
STATE MILK COMMISSION
102 Governor Street, Room 205
Richmond, Virginia 23219
Phone: (804) 786-2013
Facsimile (804) **371-8700**

APPLICATION FOR BASE TRANSFER

PLEASE PRINT OR TYPE:

1. Name of Transferor: _____

   Farm Name: _____

   Address: _____

2. Milk Commission License Number: _____

3. Name of Co-operative of which you are a member:_____

4. Please make a (partial total) transfer in the amount of _____ pounds of my Milk Commission 9 month base and _____ pounds of my Milk Commission 3 month base to the party or parties listed below and on reverse side, effective _____. Please give complete name and address to whom the base is to be transferred; Milk Commission License Number for each existing baseholding producer; and the exact pounds of 9 and 3 month base to be transferred to each producer.

SIGNATURE(S) OF TRANSFERROR REQUIRED OF ALL PARTIES:

_____ _____

_____ _____

_____ _____

Date

MILK COMMISSION LICENSE NUMBER	COMPLETE NAME/ADDRESS (INCLUDING FARM NAME) AS SHOWN ON THE GRADE "A" PERMIT	TRANSFERRED 9 MONTH	TRANSFERRED 3 MONTH

MILK COMMISSION LICENSE NUMBER	COMPLETE NAME/ADDRESS (INCLUDING FARM NAME) AS SHOWN ON THE GRADE "A" PERMIT	TRANSFERRED	
		9 MONTH	3 MONTH
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(Revised 09/03)