

COMMONWEALTH OF VIRGINIA STATE MILK COMMISSION 102 Governor Street, Room 205 Richmond, Virginia 23219

Phone: (804) 786-2013 Fax: (804) **371-8700**

APPLICATION FOR BASE TRANSFER

PLEASE PRINT OR TYPE: Name of Transferor: Farm Name: Address: 2. Milk Commission License Number: Name of Co-operative of which you are a member: 3. Please make a (partial total) transfer in the amount of _____ pounds of my Milk 4. 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 **COMPLETE NAME/ADDRESS (INCLUDING FARM** TRANSFERRED **LICENSE NUMBER** NAME) AS SHOWN ON THE GRADE "A" PERMIT 9 MONTH 3 MONTH

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