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| F-fd-298 (Rev. 4/17) |
| C:\Users\mackesl\Desktop\FORMS\DATCPlogo_1in_g.jpg | Wisconsin Department of Agriculture, Trade and Consumer Protection*Division of Food and Recreational Safety*Phone: (608) 224-4720 Fax: (608) 224-4710 |
| CHEESEMAKER QUALIFICATION ADDENDUM | Wis. Stat. § 97.17 |

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| This form should be completed by the Licensed Cheesemaker who has supervised the instruction and training of a prospective Cheesemaker applicant. This completed form must be submitted for review to the Division of Food and Recreational Safety **with the Cheesemaker license application** and application testing fee at least two weeks prior to anticipated exam date.  |
| NAME OF APPLICANT      |
| NAME OF LICENSED CHEESEMAKER      | APPLICANT START DATE TRAINING WITH LICENSED CHEESEMAKER      |
| CHEESEMAKER’S VALID DATCP LICENSE NUMBER      | LICENSED CHEESEMAKER PHONE NUMBER: (     )     -      |
| LICENSED CHEESEMAKER STREET ADDRESS       | CITY      | STATE   | ZIP      |

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| **TRAINING, WORK EXPERIENCE AND SUPPLEMENTAL REQUIREMENTS.**Please add cheesemaker applicant’s documented dates and places of education and training in the area below. |
| **CAPACITY** | **NAME OF SCHOOL OR EMPLOYER** | **LOCATION** | **DATES** |
| DAIRY SCHOOL  |       |       | Mo/ Yr      | TO | Mo/Yr      |
| WORK EXPERIENCE OR APPRENTICESHIP |       |       |       TO       |
| WORK EXPERIENCE OR APPRENTICESHIP |       |       |       TO       |
|  |       |       |       TO       |
|  |       |       |       TO       |

In the text box below, document training that applicant has had; please be specific. Training should include, but not be limited to: experience in the complete process of cheesemaking including production types, HACCP, sanitation, etc. Also include documentation of applicant’s knowledge in regards to: milk testing & grading, analysis of cheese and fundamentals of pasteurization.

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| This form contains personally identifiable information, which may be used for purposes other than that for which it was originally collected (Wis. Stat. §15.04(1)(m)). The undersigned hereby certifies that the information provided on the addendum is true, complete and accurate to the best of their knowledge. |
| LICENSED CHEESEMAKER SIGNATURE | DATE      |