

Buttermaker Qualification Addendum

This form should be completed by the licensed buttermaker who has supervised the instruction and training of the prospective buttermaker applicant. Submit this completed form, license application, and application testing fee to the Wisconsin Department of Agriculture, Trade and Consumer Protection, P.O. Box 93586, Milwaukee WI 53293-0586. Once this application is approved, the applicant will be contacted to schedule a test date.

Name of Applicant: _____

1. Name of Licensed
Buttermaker: _____

2. Buttermaker's Valid
DATCP License #: _____

3. Plant or Dairy where
training/instruction has
occurred.: _____

4. Start Date of Training
with this Licensed
Buttermaker: _____

5. Contact information
(address, phone, email) of
Licensed Buttermaker: _____

Document training that applicant has had, please be specific. Training should include but not be limited to: experience in the complete process of buttermaking including production, HACCP, sanitation, etc. Also include documentation of applicant's knowledge in regards to: milk testing & grading and analysis of butter.

Licensed Buttermaker Signature/Date: _____