

MA 201  
 Form Approved, OMB No. 0581-0032  
 This report is required by the Order in accordance with 7 U.S.C. 608c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

**Submitting Handler** \_\_\_\_\_

Instructions: On or before the 9th day after the end of the month, each handler shall report to the Market Administrator all producer changes in farm operators.

### Notification of Producer Change(s)

Check Type of Change	Producer Number	Check if Organic	Producer (provide both name of dairy operation and along with owner's name if they are different)	(if mailing address is different from farm address please provide both)	Delivery	
					Start Date	Stop Date
New Producer or New Dairy Startup <input type="checkbox"/> Name Change on Farm or Business Entity <input type="checkbox"/> Address Change on Farm <input type="checkbox"/> Going Out of Business <input type="checkbox"/>			Name:	Address:		
New Producer or New Dairy Startup <input type="checkbox"/> Name Change on Farm or Business Entity <input type="checkbox"/> Address Change on Farm <input type="checkbox"/> Going Out of Business <input type="checkbox"/>			Name:	Address:		
New Producer or New Dairy Startup <input type="checkbox"/> Name Change on Farm or Business Entity <input type="checkbox"/> Address Change on Farm <input type="checkbox"/> Going Out of Business <input type="checkbox"/>			Name:	Address:		
New Producer or New Dairy Startup <input type="checkbox"/> Name Change on Farm or Business Entity <input type="checkbox"/> Address Change on Farm <input type="checkbox"/> Going Out of Business <input type="checkbox"/>			Name:	Address:		
New Producer or New Dairy Startup <input type="checkbox"/> Name Change on Farm or Business Entity <input type="checkbox"/> Address Change on Farm <input type="checkbox"/> Going Out of Business <input type="checkbox"/>			Name:	Address:		

Person Authorized to Sign for Handler \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

MA Office Use

Initials \_\_\_\_\_ Date \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 0.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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