



Food Armor™

2015 Farm Certification Application Form

Check One:

First Time Certification

Recertification

Contact information:

Farm Owner(s): _____

Farm Name: _____

Farm Address: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____ Other Phone: _____

Email Address: _____

Premise ID (If Applicable): _____

Number of Milking Animals: _____

Milk Processor: _____

Milk License Number: _____

Farms must work with a Food Armor™ Accredited Veterinarian to become certified.

Do you have an Food Armor™ Accredited Veterinarian you plan on working with? Yes No

If yes, provide name and contact information _____

If no, please contact Dr. Katie Mrdutt, Food Armor™ Outreach Specialist at (608) 257-3665 or wvma@wvma.org to find a Food Armor™ Accredited Veterinarian.

Certification of Participation

I hereby agree to abide by the requirements for certification in the Food Armor™ HACCP for Proper Drug Use program (the "Program"), including but not limited to implementing and maintaining all six steps and associated requirements set forth in the Program, including any revisions in the guidelines that may develop. I recognize my farm may be subject to third-party verification to ensure the Program's integrity and I hereby grant permission to the Program to carry out such third-party verification. I further understand that all information collected during the certification and verification process(es) will be held in the strictest confidence except that the Program may use the information to continually improve the overall Program but in a manner that does not disclose the identity of my farm.

I understand, that following the payment of the Food Armor™ certification fee, I have 180 days to submit a completed Program certification workbook. If the certification process is not completed within the 180 day period, the certification fee will be forfeited and the process will need to be restarted.

Signature: _____

Date: _____

____ (Initial) I allow my farm name, owner's names, city and state to be included in a list of certified farms on foodarmor.org.

Payment Information:

Name: _____

Billing Address: _____

Phone Number: _____ Cell Phone: _____ Other Phone: _____

Select Payment Type:**\$500 Food Armor™ Certification per farm*.***(Includes Food Armor™ Certification materials and Food Armor™ Certification plaque)*
 Credit Card
 Visa
 Mastercard
 Discover

Credit Card Number: _____

Expiration Date: _____

V-Code (3 digit number on back of card): _____

Cardholder Name: _____

 Check - Please make check payable to Wisconsin Veterinary Medical Association

Signature: _____ Date: _____

NOTE: Food Armor™ Certification fee is non-refundable. Food Armor™ Certification must be renewed annually.

*A farm's Food Armor™ Certification is specific to their individual milk license number. If a farm does not sell milk, the Food Armor™ Certification is specific to the individual farm's physical address.

Payment Mailing Address:

Wisconsin Veterinary Medical Association
 4610 S. Biltmore Lane, Suite 107
 Madison, WI 53718