



**South Carolina Department of Agriculture  
P.O. Box 11280  
Columbia, South Carolina 29211**

Hugh E. Weathers, Commissioner

**SOUTH CAROLINA BUTTERFAT TESTER AND WEAIGHER  
TEMPORARY PERMIT APPLICATION**

\_\_\_\_\_  
(Applicant for Temporary Permit)

\_\_\_\_\_  
(Plant Represented)

\_\_\_\_\_  
(Plant Address)

\_\_\_\_\_  
(City, State) (ZIP Code)

\_\_\_\_\_  
(Email Address) (Telephone Number)

- Do you have adequate Sampling and Weighing Equipment? \_\_\_\_\_  
Yes No

List Equipment used: \_\_\_\_\_  
\_\_\_\_\_

- Are you familiar with the South Carolina Milk Law and Milk Hauler Guide? \_\_\_\_\_  
Yes No

Please give two references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**

**South Carolina Department of Agriculture  
Attn: Rhonda Zobel  
PO Box 11280  
Columbia SC 29211-1280**

**You may obtain additional forms at:**

[www.agriculture.sc.gov](http://www.agriculture.sc.gov) and click on the Forms link.

For additional assistance, please contact:  
Rhonda Zobel, [rzobel@scda.sc.gov](mailto:rzobel@scda.sc.gov) or  
Phil Trefsgar, [ptrefsga@scda.sc.gov](mailto:ptrefsga@scda.sc.gov) or  
call 803-737-9713.

1) I have received a copy of the South Carolina Butterfat Testers, Samplers, and Weighers Law and will learn my duties as a BUTTERFAT TESTER under the provisions of this law, and the Rules and Regulations issued by the Commissioner of Agriculture under the authority of the law.

(Check here if you wish a copy of the Samplers and Weighers Law sent with your permit.)

2) I certify that I will supervise and be responsible for the accurate and correct operation of the test to determine the fat content of milk, cream, or other dairy products, according to the law, rules and regulations.

3) I understand that the temporary permit will remain in effect (unless revoked for failure to comply with the law, rules and regulations) until the time of the next course for BUTTERFAT TESTERS conducted by the Department of Dairy Science of Clemson University, and until I am certified by that Department for a license.

4) I understand that my name will be placed on file with the Department of Dairy Science at Clemson University and that I will be notified of the next examination and demonstration of my ability as a butterfat tester.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

NOTE: If the applicant is a graduate of an accredited school of dairy science, or has previously been licensed as a BUTTERFAT TESTER by another state, please include those details.