

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
Milk and Dairy Food Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5008



Application for a Vitamin and Mineral Permit

Application is hereby made for a permit to add vitamins or minerals to milk products at: Plant # 06-_____

NAME OF BUSINESS: _____ PHONE #: _____

LOCATION OF BUSINESS: _____
Number Street Unit # City Zip Code

MAILING ADDRESS: _____
Number Street City State Zip

CHECK ONE: Individual Partnership LLC Corporation FED TAX ID#: ____ - _____

NAME OF OWNER(S) (PLEASE PRINT; if corporation, give name of President):

LAST NAME: _____ FIRST NAME: _____

I have read and understand the provisions of Section 624, Title 3, California Code of Regulations:

Signature: _____ Date: _____

Email Address: _____

Instructions: After completion of the supplemental form(s), and attaching supplier directions, and supplier statement of compliance with 21CFR Part 184, please return to:

Milk and Dairy Food Safety Branch
California Department of Food and Agriculture
1220 N Street
Sacramento, California, 95814

A SEPARATE SUPPLEMENTAL FORM (page 2) IS REQUIRED FOR EACH TYPE, AND EACH SEPARATE LEVEL, OF VITAMIN AND/OR MINERAL BEING ADDED.

A Registered Dairy Inspector's signature must accompany each application before being considered for a permit.

Please be sure all information is COMPLETE & LEGIBLE. A permit cannot be issued if application is incomplete.

*******For CDFA Use Only*******

New Application: Yes No

I have reviewed the vitamin permit application, method of addition, supplier information, record keeping documents and recent product vitamin analysis, and find them acceptable and recommend issuance of a Vitamin and Mineral Permit.

RDI's Inspector's Signature: _____ RDI # _____ Date: _____

**Vitamin and Mineral
SUPPLEMENTAL FORM**

Vitamin A Vitamin D Both Vitamin A & D Other (Specify) _____

Copy this page to provide a separate supplemental form for each type, and each separate level of fortification, of vitamin and/or mineral being added.

Type: _____, _____

Carrier: _____, _____

Milk products to which this type, and level, of vitamins are to be added (check all that apply):

Market Milk Reduced Fat Milk Lowfat Milk Nonfat Milk

Flavored Market Milk Flavored Reduced Fat Milk Flavored Lowfat Milk Flavored Nonfat Milk

Milk with Cultures Added Egg Nog Other (specify) _____

Fortification:

How many quarts or gallons will each cc or ml of supplement fortify? _____

Final target level in product: _____

Ingredients:

List all ingredients of the vitamin or mineral being added: _____

Methods of Addition:

Please show specific amounts of vitamin and/or mineral, the manner in which it is added, and the location of addition. Please clarify how vitamin or mineral use records are maintained, and how the volumes are confirmed. _____

Storage Facility:

What is the type of storage facility, and what measuring device is being used? _____

Vitamins and/or minerals shall be added according to supplier's directions, a copy of which shall be attached to this application. Volume records (both vitamins added and milk fortified) shall be maintained and available for review by CDFA. The vitamin supplier shall provide a statement that the vitamin(s) comply with the requirements of Part 184, Title 21 of the Code of Federal Regulations.