



# Wisconsin Master Cheesemaker® Program

Funded by the Dairy Farmers of Wisconsin and administrated by the Center for Dairy Research

## Certification for **ADDITIONAL** cheeses for current Master Cheesemakers

*Interactive electronic fillable form, highlight where you should type. If you prefer please print or type, do not use pencil to fill out application.*

Name \_\_\_\_\_ email \_\_\_\_\_ Plant address \_\_\_\_\_ Home address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone/work \_\_\_\_\_ Cell/home \_\_\_\_\_ Fax \_\_\_\_\_

Year Master Cheesemaker Award Earned \_\_\_\_\_

What 1 or 2 varieties of natural cheese do you wish to be certified for? 1. \_\_\_\_\_  
2. \_\_\_\_\_

How many years have you been manufacturing each variety of natural cheese? 1. \_\_\_\_\_ 2. \_\_\_\_\_

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1. The applicant must be a full-time employee of a licensed Wisconsin cheese plant and have day-to-day direct authority and responsibility in making decisions to maintain and improve cheese quality.
2. The applicant must produce each variety of cheese for a minimum of five years before applying for certification in additional cheeses.
3. Products must pass evaluation for 3 years before they are certified.
4. The applicant must be employed at a cheese plant that has a current Food Safety program including a food safety plan in place before the final exam is given. If there is no food safety program in place at the time of the first walk through, then a second walk through will be done at the end of the program before the final exam is sent out.
5. A plant visit will be conducted by two representatives from the WMCM Board. The plant can approve which members of the committee review the plant. The applicant will undergo an oral exam during the visit.
6. Eight prescribed Short Courses must be completed within the 3 year program. Previous certifications must be within 5 years of the application date to be applied to the program.
7. I agree to fulfill the requirements listed and the information provided in this application is true to the best of our knowledge.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Send Completed Application to:

John Jaeggi, Wisconsin Master Cheesemaker Coordinator  
1605 Linden Drive, Madison WI 53706 | [jaeggi@cdr.wisc.edu](mailto:jaeggi@cdr.wisc.edu)