Application for Wisconsin Master Cheesemaker® Program

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

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Name	email				Plant address	Home address
Address	С	ity			State	Zip
Telephone/work	Cell/hom	е			Fax	
The applicant must be a full-tin making decisions to maintain a				ct auth	ority and resp	onsibility in
Do you have a Wisconsin Cheese	emaker License?	Yes	No			
Date License Received	License Number					
Do you have a Wisconsin Cheese	e Grader's License?	Yes	No			
Date License Received	License Number	•				
Does your plant have a current F The applicant must be employed at a the final exam is given. If there is no through will be done at the end of the	a cheese plant that has Food Safety program	s a current in place at	Food Safety the time of t	prograi	m including HAC	
Employment (Include all relevant for the last ten years. Start with p sheet, if necessary, to complete I	resent position. Give	nature c	of duties and			
Employer	Location			Positio	n	
Duties						
Employer	Location			Positio	n	
Duties						
Employer	Location			Positio	n	
Duties						
Additional Information				• • • • • • • • • • • • • • • • • • • •		
What varieties of natural cheese	are being manufactu	ired at yo	ur plant?			
How often is each natural cheese	produced?					
What 1 or 2 varieties of natural cl	neese do you wish to	be certif	ied for?	1.		
				2.		
How many years have you been	manufacturing each	variety of	finatural che	2000	1	2

List membership and activities in cheesemaker associations or technical organizations



Wisconsin Master Cheesemaker® Program

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

Do you enter cheese contests? Yes No

Ontest Entered / Results
Date Entered

Natural Cheese(s) Variety

Ontest Entered / Results
Date Entered

Natural Cheese(s) Variety

Ontest Entered / Results
Date Entered

Natural Cheese(s) Variety

Higher Education: College, University, Vocational School, Other

Name of SchoolDates attendedMajorDegree obtainedDate recievedName of SchoolDates attendedMajorDegree obtainedDate recieved

Short Courses, Seminars attended as required for the Wisconsin Master Cheesemaker® Program. (Enclose proof of attendance - copies of course certificates.)

Completed	Name of Course	Location	Dates Attended
	Advanced Cheesemaking Italian Varieties		
	Advanced Cheesemaking Artisan Varieties		
	Advanced Cheesemaking American Varieties		
	Cheese Grading & Evaluation		
	Cheese Judging		
	Applied Dairy Chemistry Short Course		
	Milk Pasteurization & Process Control		
	Ultra Filtered Milk		
	Dairy Ingredient Manufacturing		
	Dairy Ingredient Applications		
	Certificate in Dairy Processing		
	Other		

Letters of Recommendation

Submit 2 letters of recommendation (one from processing, one from a customer).