

Application to Transfer DHI Affiliate/Association

To: **Certified Field Service Provider**
DHIA West
4705 N Sonora Ave., Suite 111
Fresno CA 93722
(559) 274-9605

From: _____
Owner Name

Name of Dairy

Address

City State Zip Code Date

(_____)_____
Phone Number Herdcode

Member Request to Change DHI Affiliate/Association

From: _____

To: _____

I hereby request to transfer for the following reason (s) - Optional:

Note: Copies of this request must be sent to both DHI Affiliates listed above. According to the DHIA West policy, there is a waiting period before the applicant is eligible to transfer in order to verify that the member is in good standing and that their account is paid in full. This must be approved before the transfer is valid and the herd can then be tested by another affiliate or association.

Member Dairyman's Signature

FAX To: DHIA West 559-274-9606