



British Columbia BSE Surveillance Top-Up 2010 Application Form



Please complete this form by filling in all possible blanks. Incomplete forms will delay processing.

Applicant and Co-Applicants

Last Name OR Business Name (please print)

First Name and Middle Initial

RR / PO Box / Street Address	City/Town	Province	Postal Code
_____	_____	_ _	_ _ _ _ _ _ _

Street Address	City/Town	Province	Postal Code
_____	_____	_ _	_ _ _ _ _ _ _

Address of Farm Site If Different from Above

Daytime Telephone Number	Cell Number	Fax Number
(____) _____ - _____	(____) _____ - _____	(____) _____ - _____

List Business Number or Social Insurance Number to be used for AGR-1 tax receipt purposes:

Business Number (GST Number)	AND	Social Insurance Number
_ _ _ _ _ _ _ - _ _ _ _		_ _ _ _ - _ _ _ _ - _ _ _ _

List Social Insurance Number of each Co-Applicant or of each Partner in a Partnership:

Social Insurance Numbers of Co-applicants or Partners

_ _ _ _ - _ _ _ _ - _ _ _ _	Name: _____
_ _ _ _ - _ _ _ _ - _ _ _ _	Name: _____
_ _ _ _ - _ _ _ _ - _ _ _ _	Name: _____

(If space is insufficient, attach a separate sheet)

Number of head applied for in this application. Dairy animals____ Beef animals____ .

Statement of Certification:

I, _____ of _____ in the province of British Columbia:
Name (print) City/Town

- I certify I am the eligible applicant under the British Columbia BSE Surveillance Top Up program.
- I understand and agree to the Program Conditions and Description attached to this Application.

AND I certify that the information given on this application is true and correct to the best of my knowledge.

_____	_____
Signature of Applicant	Date

Note: a copy of the CFIA cheque stub or CFIA application indicating participation in the National BSE Surveillance Program must accompany this application.

**Mail or Fax the Completed application along with the supporting documentation to:
ARDCorp, 230 – 32160 South Fraser Way, Abbotsford, BC V2T 1W5 (Fax: 604-854-4485)**