



# British Columbia BSE Surveillance Top-Up 2006 Program



## Application Form

### 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)

OR

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

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

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