



Application for BCCMB Grower's Licence - BC104

OWNERSHIP INFORMATION

Registered Farm Name: _____ Licence #: _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone Number: _____

Cell Number: _____

Owner's Email Address: _____

(BCCMB will use the above email address for BCCMB correspondence as well as CFIA AVIAN INFLUENZA contact)

PRODUCTION UNIT ADDRESS(S)

Location #1: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #2: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #3: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #4: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #5: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

If additional space is required for ownership please use separate sheet & attach.

BCCMB CORRESPONDING CONTACT(S)

Please Note:

Contacts listed below will be sent the following correspondence from the BCCMB - Grower Licence, Quota Production Allotments, Quota Production Updates, Post Audit Summary Report, Audit Letter and Audit Certificates.

- | | |
|------------------------|----------------------|
| 1. Contact Name: _____ | Email Address: _____ |
| 2. Contact Name: _____ | Email Address: _____ |
| 3. Contact Name: _____ | Email Address: _____ |
| 4. Contact Name: _____ | Email Address: _____ |

ANNUAL VOTING REGISTRATION

VOTING REPRESENTATIVE MUST BE AT LEAST 19 YEARS OF AGE:

Voter Name: _____

NOTE: Please do not use any generic emails.

Examples: info@shaw.ca, office@telus.net, or admin@gmail.com

Voter Email Address: _____

This portion of the BC104 will register you and your designate on the Voting Grower List for the election of Board Members. Changes may be made at any time prior to the deadline as indicated on the election timeline for that election.

All information provided is subject to verification.

I/We hereby agree to abide by the General Orders and any directions of the Board and accept the Licence on the understanding that it may be cancelled without notice for violation of any provision of the Scheme, the General Orders or directions of the Board and is subject to all restrictions placed on the licence by Order of the Board.

I/We give permission to share our Owner contact and Production Unit address(es) with other parties within the chicken-growing industry as deemed necessary or in the case of emergency (such as a viral outbreak).

I certify that the information provided in this application is complete and correct in all respects.

Signature of Owner: _____ Date: _____

Email to: reception@bcchicken.ca