

Appendix 1



Canadian Cattle Identification Agency Third Party User Application

I the undersigned hereby make application for a third party to report birth date information to the Canadian Cattle Identification Agency's (CCIA) database on my behalf.

Producer Contact Information

Name: _____

Company Name: _____

CCIA Pin Number (*if known*): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel (Home): _____ Tel (Bus): _____

Mobile: _____ Fax: _____

Email: _____

CCIA Tag Number Issued to you: _____

I the undersigned accept the responsibility of reporting birth date information to the Canadian Cattle Identification Agency's (CCIA) database on behalf of the above user.

Third Party (Delegate) Contact Information

Name: _____

Company Name (*if applicable*): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel (Home): _____ Tel (Bus): _____

Mobile: _____ Fax: _____

Email: _____

User Name and/or Pin Number: _____

Please return the signed application to:

Canadian Cattle Identification Agency, Suite 210, 6715 8 Street NE, Calgary, Alberta T2E 7H7
Tel: (877) 909-2333; Fax: (403) 275-1668; Email: info@canadaid.ca

(All contact information supplied above will be compared to your existing profile within the CCIA database to confirm your identity.)

Upon submission of information to CCIA or retrieval of information from CCIA both parties agree to the following:

- certify that information provided to CCIA is accurate to the best of our knowledge, and;*
- agree that all information collected by CCIA may be used as approved by the CCIA Board of Directors, and;*
- certify that information supplied by the CCIA shall not be used for other than the intended purpose, and;*
- accept that CCIA may restrict access at CCIA's discretion, and;*
- adhere to the Health of Animals Regulations and acknowledge the authority of the Canadian Food Inspection Agency, and;*
- agree to cooperate with CCIA approved auditors.*

Upon signing of this application, both parties agree to the terms as outlined above.

I, _____ *(print name)* certify that I am authorized to sign on behalf of the Producer Contact listed herein.

Signed Producer: _____

Date: _____

I, _____ *(print name)* certify that I am authorized to sign on behalf of the Third Party (delegate) listed herein.

Signed Third Party: _____

Date: _____

Please return the signed application to:
Canadian Cattle Identification Agency, Suite 210, 6715 8 Street NE, Calgary, Alberta T2E 7H7
Tel: (877) 909-2333; Fax: (403) 275-1668; Email: info@canadaid.ca