

Letter of Authorization for Designates

I, _____, of _____ hereby authorize the following individuals to sign the BSE Surveillance Application Form on my behalf, when I am unable to be present during sampling by the Certified Veterinarian. I also understand that it is my responsibility to notify Alberta Agriculture and Rural Development, of any additions or deletions to this list of people that I hereby authorize to sign on my behalf.

Name (print) _____ signature: _____

Name (print) _____ signature: _____

Name (print) _____ signature: _____

Name (print) _____ signature: _____

Signature of the person who authorizes: _____

Print name: _____

Date: _____

PLEASE RETURN TO:

**CANADA AND ALBERTA BSE SURVEILLANCE PROGRAM
TSE UNIT - 1st floor
O.S. Longman building
6909-116 Street, Edmonton Alberta T6H 4P2**

Or by fax to: 780- 422-5734