



Application for artificial insemination (AI) accreditation

Name of Applicant: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

TYPE OF ORGANIZATION

- Individual A.I. Services
 Other _____

DESCRIPTION AND SCOPE OF ACTIVITIES

- Semen Production Semen Distribution
 Insemination Services All of the above

BREED ASSOCIATIONS

- Ayrshire Brown Swiss Canadienne
 Guernsey Holstein Jersey
 Milking Shorthorn All of the above

The person whose name and signature appears above certifies that the Applicant operates a semen handling organization, that such organization will, at all times, comply with and be bound by the rules in the 'Canadian Accreditation Program for Industry Service Organizations' (2015 edition) and that the Applicant has authorized the execution of this application.

In accordance with these rules and as an integral part of accreditation, all employees of said semen handling organization who are engaged in the handling or use of semen fall under this accreditation and the responsibility of compliance falls under the jurisdiction of said organization.

Name: _____

Signature: _____

Date: _____