



# Application for filing (RF) accreditation

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Post Office: \_\_\_\_\_

## TYPE OF ORGANIZATION

- A.I. Services       Milk Recording Org.       Individual  
 Other \_\_\_\_\_

## BREED ASSOCIATIONS

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

The person whose signature appears on this document certifies that the Applicant operates an organization who files applications for registration or transfers electronically or by mail, that such organization will at all times comply with and be bound by these rules.

I acknowledge that I will abide by the Canadian Dairy Breeds (CDB) Rules and Regulations for filing services, as stated in Filing Services section in the 'Canadian Accreditation Program for Industry Service Organizations' (2015 edition) and that the Applicant has authorized the execution of this application.

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_