



application and certificate of accreditation

(FORM SB)

Date Of Application: _____ New Renewal

Name of Applicant Business: _____

Address: _____ City: _____

County: _____ Province: _____ Postal Code: _____

Phone: _____ Post Office: _____ R. R. or Box No.: _____

CDB Accreditation Code: _____

Type OF BuSineSS Individual Partnership
 Co-operative Corporation Company with Share Capital
 Other

Names of Partners or Officers: _____ Title: _____

DESCRIPTION AND SCOPE OF ACTIVITIES

Business/Organization Agent

Signed By: _____ Title: _____

The person(s) whose signature(s) appear(s) above certifies (certify) that the Applicant operates a Sales Business trading in animals and embryos, that such business will at all times comply with and be bound by these rules and that the Applicant has authorized the execution of this application.

NOTE:

1. Mail with the prescribed fee to Holstein Canada, Box 610 Brantford, Ontario, N3T 5R4.
2. If this application is for the purposes of a renewal of accreditation, provide details of any changes since date of last application.
3. Include a list of authorized representatives (sub-agents) for whom the business is responsible.

The applicant is hereby accredited for

By the Breed Associations indicated below.

AYRSHIRE BROWN SWISS CANADIENNE GUERNSEY
 HOLSTEIN JERSEY MILKING SHORTHORN

Date _____ Date Of Expiry _____ Authorized Signature _____

