

2022
Application for BCCMB Grower's Licence
Under Part 5 of the General Orders
Form BC104

This application must be completed in its entirety and returned to the Board office before the **deadline of December 1, 2021.**

Please Note:

***All completed licence renewals received at the Board office prior to December 1st will be processed for a fee of \$0**

***All completed licence renewals received after December 1st will be processed at a fee of \$150**

OWNERSHIP INFORMATION

REGISTERED FARM NAME _____		LICENCE # _____
OWNER'S SURNAME _____	FIRST NAME(S) _____	DOB _____ Y/M/D
OWNER'S SURNAME _____	FIRST NAME(S) _____	DOB _____ Y/M/D
OWNER'S SURNAME _____	FIRST NAME(S) _____	DOB _____ Y/M/D
OWNER'S SURNAME _____	FIRST NAME(S) _____	DOB _____ Y/M/D
MAILING ADDRESS _____	CITY _____	POSTAL CODE _____
PHONE NUMBER _____	CELL _____	
**OWNER EMAIL ADDRESS _____		
** BCCMB will use owner email address as your farms Agriculture Ministry/CFIA AVIAN INFLUENZA contact		

PRODUCTION UNIT ADDRESS (S)

LOCATION #1: Registered Premise Address: _____	CITY _____	POSTAL CODE _____
LOCATION #2: Registered Premise Address: _____	CITY _____	POSTAL CODE _____
LOCATION #3: Registered Premise Address: _____	CITY _____	POSTAL CODE _____
LOCATION #4: Registered Premise Address: _____	CITY _____	POSTAL CODE _____
LOCATION #5: Registered Premise Address: _____	CITY _____	POSTAL CODE _____
If additional space is required for ownership please use separate sheet & attach		

Please return to the BCCMB Office: #220 – 1848 McCallum Rd, Abbotsford, BC, V2S 0H9
OR
Email to: info@bcchicken.ca

BCCMB CORRESPONDENCE CONTACT(S)

Please Note:

Contacts listed below will be sent **ALL** correspondence from the BCCMB, included but not limited to, Quota Production Allotments, Quota Production Updates, Audit Letter, Audit Certificates, Industry Updates and BCCMB Board Reports

1) CONTACT NAME: _____ E-MAIL ADDRESS: _____

2) CONTACT NAME: _____ E-MAIL ADDRESS: _____

3) CONTACT NAME: _____ E-MAIL ADDRESS: _____

4) CONTACT NAME: _____ E-MAIL ADDRESS: _____

ANNUAL VOTING REGISTRATION

MY VOTING GROWER REPRESENTATIVE IS AT LEAST 19 YEARS OF AGE AND IS A:

Partner Shareholder Director Officer Other

OF THE PARTNERSHIP, FIRM OR CORPORATION OF THE REGISTERED GROWER.

Voting Grower Name _____
(Please Print Name in Full)

NOTE: Please do not use any generic emails.
Examples: info@shaw.ca, office@telus.net or admin@gmail.com

E-MAIL ADDRESS: _____

This portion of the BC104 will register you or your designate on the Voting Grower List for the election of Board Members. Changes may be made at any time prior to the deadline as indicated on the election timeline for that election. Contact the BCCMB office to obtain the proper form that must be completed and returned to the Board office by the registered owner.

All information provided is subject to verification.

I/We hereby agree to abide by the General Orders and any directions of the Board and accept the Licence on the understanding that it may be cancelled without notice for violation of any provision of the Scheme, the General Orders or directions of the Board and is subject to all restrictions placed on the licence by Order of the Board.

I certify that the information provided in this application is complete and correct in all respects.

Signature of Owner: _____

Date: _____

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