

2024
LICENCE APPLICATION
(Under Part 5 of the General Orders)

Please Note:

- * All completed licence renewals received at the Board office **prior to November 30** will be processed for a fee of **\$0**
- * All completed licence renewals received **after November 30** will be processed at a fee of **\$150**

Check one ✓ (Use separate form for each licence application)

<input type="checkbox"/> PROCESSOR	<input type="checkbox"/> HATCHERY	<input type="checkbox"/> TRUCKER
<input type="checkbox"/> CHICK BROKER	<input type="checkbox"/> CATCHING CREWS/CONTRACTORS	

A Licence must be obtained for each business premise and each vehicle/fleet used to transport live chicken.

Applicant's Name: _____

Address: _____

Business Name: _____

Business Address (Premises to be Licenced): _____

Contact Name: _____

Phone () _____

E-mail Address _____

This Box for Trucker's Licence Only
Complete for each vehicle – Truck and Trailer are separate vehicles

Vehicle #1

Registered To: _____	Address: _____
Registration No _____	Plate No. _____
Year _____	Make _____
Model _____	Colour _____
VIN _____	Net Weight (Kg) _____
GVW (Kg) _____	Fleet/Unit # _____

Vehicle #2

Registered To: _____	Address: _____
Registration No. _____	Plate No. _____
Year _____	Make _____
Model _____	Colour _____
VIN _____	Net Weight (Kg) _____
GVW (Kg) _____	Fleet/Unit # _____

All information provided is subject to verification.

I agree to abide by the General Orders and accept the licence on the understanding that it may be cancelled with notice for violation of any provision of the Scheme or General Orders and is subject to any 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: _____

Date: _____

Please return to the BCCMB Office: #220 – 1848 McCallum Road, Abbotsford, BC V2S OH9
Email completed application to: reception@bcchicken.ca

Vehicle #3

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____

Vehicle #4

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____

Vehicle #5

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____

Vehicle #6

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____

Vehicle #7

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____

Vehicle #8

Registered To:	_____	Address:	_____
Registration No	_____	Plate No.	_____
Year	_____	Make	_____
Model	_____	Colour	_____
VIN	_____	Net Weight (Kg)	_____
GVW (Kg)	_____	Fleet/Unit #	_____