British Columbia Chicken Marketing Board (BCCMB)
#220 – 1848 McCallum Road, Abbotsford, BC V2S 0H9 www.bcchicken.ca

2027 Application for Grower's Licence - BC104

OWNERSHIP

List **all registered owners** for the farm (ie. partners, spouses, etc). This form is required for each registered farm operation.

Registered Farm Name: _____ Licence #: _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Owner's Surname: _____ First Name(s): _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone Number: _____ mobile ☐ landline ☐

Phone Number: _____ mobile ☐ landline ☐

Owner's (Primary) Email Address: _____

The owner contact information above will be used as **the main contact for all correspondence** from the BCCMB and will be email registered for access to the BCCMB online **Grower Portal**. The contact information above will be the **first point of contact in the event of an emergency**, natural event, disease outbreak, or other urgent situation affecting BC's chicken industry. Provide a phone number and email at which the owner can be reached at all times (ie. evenings, weekends, holidays).

PRODUCTION UNIT ADDRESS(ES)

List the registered premise address of each production/growing site under the above registered farm and indicate whether the location is owned or leased.

Location #1: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #2: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #3: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

Location #4: owned ☐ leased ☐

Registered Premise Address: _____

City: _____ Postal Code: _____

If additional space is required, please duplicate this form and attach it to this application.

Submit completed form to: reception@bcchicken.ca

ADDITIONAL CONTACTS

Contacts listed below will be sent **the following correspondence (*aka "auto-sends" through the Grower Program)*:** Grower's Licence, Quota Production Allotments (QPA), Quota Production Updates (QPU), Post Audit Summary Report, Audit Letter(s), and Audit Certificates. Relisting the Owner's Email alongside other contacts is encouraged. If left blank, this information will by default be sent to the Owner's Email.

1. Full Name: _____ Email: _____
2. Full Name: _____ Email: _____
3. Full Name: _____ Email: _____
4. Full Name: _____ Email: _____
5. Full Name: _____ Email: _____

If you wish to have contacts also receive the BCCMB's emails — industry updates, notices/memos, alerts, or event information — *contact info@bcchicken.ca or sign up at www.bcchicken.ca*

VOTING REGISTRATION

Register you or your designate/appointee on the Voting Grower List for the election of BCCMB Director Members, following the direction of the General Orders. Election information is primarily communicated by email. Changes may be made prior to deadlines indicated on the election timeline for that election. *More election information at www.bcchicken.ca/governance*.

The voting representative must be at least 19 years of age.

Voter Full/Legal Name: _____

Voter Email Address*: _____

*Do not use a generic email address (eg. info@shaw.ca, office@gmail.com).

All information provided is subject to verification.

I 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 have permission to share or designate the above names and details, including the contact information for Additional Contacts.

I give permission to share our Owner contact and Production Unit address(es) with other parties within the chicken-growing industry – such as the BCCGA and CFIA – as deemed necessary or in the case of emergency or urgent situation. It may be used to administer grower licences and quota, audits and inspections, maintain the Voting Grower List, communicate with growers, and support emergency and disease response.

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

Signature of Owner: _____ Date: _____

Print Name: _____

Freedom of Information and Protection of Privacy Act: Personal information on this form is collected by the British Columbia Chicken Marketing Board under the authority of the Natural Products Marketing (BC) Act, the British Columbia Chicken Marketing Scheme, 1961, and section 26(c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection or use of this information may be directed to the staff at the British Columbia Chicken Marketing Board, #220 – 1848 McCallum Road, Abbotsford, BC V2S 0H9, 604-859-2868, info@bcchicken.ca.

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