

STORAGE CROP PRODUCER APPLICATION FOR TRANSFER BETWEEN AGENCIES

I request a transfer to another BCVMC designated agency as follows:

Part 1 - Applicant Information

Name of Owner:	_____
Name of Operating Company:	_____
Address:	_____
Ph: _____ Fax: _____ E-mail: _____	

Part 2 - Production Details

Commodity(ies)	

Part 3 - Agency Information

Agency transferring from: _____
Does this agency support this transfer application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, an authorized agency representative must sign this application.
Name (print): _____ Signature _____
Agency transferring to: _____
Does this agency support this transfer application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, an authorized agency representative must sign this application.
Name (print): _____ Signature: _____

Part 4 - Applicant Signature

I confirm this agency transfer request and I hereby confirm my intention to comply with all applicable Commission Orders.
Applicant (Signature): _____ Date: _____

Part 5 - BC Vegetable Marketing Commission Approval

Approved by the Commission on (date): _____
Signature (for the Commission): _____ Date: _____

PLEASE FAX OR MAIL TO THE COMMISSION

BC Vegetable Marketing Commission #207 15252 32nd Ave Surrey BC V3S 0R7 Fax: 604-542-9735

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