



Agriculture, Fisheries and Aquaculture

Beef Quality Improvement Program
Premium Sires Assistance Application

Form with fields: Full Name (include middle name):, Business Name:, SIN or Business Tax Number (required for income tax reporting):, Address:, Telephone #:

Form with fields: Bull Tattoo #:, Seller of Bull:, Total number of breeding females in herd: Beef _____ Dairy _____

THE FOLLOWING DOCUMENTATION (✓) IS TO BE SUBMITTED WITH THIS FORM:

- Registration Papers _____
Breeding Soundness Exam Certificate _____
Proof of Purchase _____
Ultra Sound Certificate _____

Note: If bull has been tested outside of the Maritimes, ROP information must also be submitted.

Date of Claim: _____ Applicant Signature: _____

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Beef Quality Improvement Program and will be used for determining eligibility for program assistance and issuing tax related receipts.

For office use only
Adjusted Yearling Wt.: _____ Amount of Assistance \$ _____
Date: _____ Invoice #: _____
Account #: _____ Batch #: _____
Approval Signature: _____
Note: Supporting documentation is filed in the office of the Beef Development Officer, Department of Agriculture, Fisheries and Aquaculture