

Instructions for a New Producer Delivery Permit Application

Producers applying for a delivery permit for the first time can complete this form or contact their elevator manager to create a delivery permit on-line through the e-permit system.

The following information is required when applying for a delivery permit:

- Rural municipality or county ٠
- First, middle and last name or business name ٠
- Complete address ٠
- Date of birth for individuals ٠
- Social insurance number •
- Business number (if a company) ٠
- Telephone number ٠
- Indicate land description and the land reference (use Land Ref. box letter to match land descriptions to Actual Producers and Landlords) ٠
- Complete information for interested parties (e.g. personal information, land description and land reference). •
- Signature of Actual Producer (when signing on behalf of a company indicate your position) ٠

Complete Section A and B on Page 4.

Send this form to: The Canadian Wheat Board, Farmer Operations, PO Box 816, Station Main, Winnipeg, Manitoba, Canada R3C 2P5 or fax the form to (204) 983-8031.

If you have any questions, please call us at 1-800-275-4292.

www.cwb.ca

1-800-275-4292

SH CIVID													Pa	ige 2 of 4
60 CWB 2007-08 Delivery Permit Application for New Actual Producers														
Rural Municipality / County of	f farming operation	Actual F	Produ	icer's Home	Quarter		Do you have stocks of							
		Part	Se	c TP	R	М	non-registered varieties of wheat?						match cers an	land d Landlords
PRODUCER'S IDENTIFICATION NO.	ACTUAL PRODUCER OF GRAIN GROWN ON THE DESCRIBED		LAND REF.	PRODUCER'S	IDENTIFICA	ATION NO.	LANDLORD, VENDOR OR	MORTGAGEE	LAND I REF. I	.AND REF.	*	AND OW SEC.	EACH PR R.	ODUCER M. ACRES
	Please print		А						В					
DATE OF BIRTH (DD/MM/YY)	-			DATE OF BIRT	H (DD/MM/Y	YY)								
SIN / BUSINESS NO.	-			SIN / BUSINES	S NO.				_					
TELEPHONE NO. ()				TELEPHONE N	IO.				-					
FAX NO.	P. O. BOX NO. OR NUMBER AND STREET			FAX NO.			P. O. BOX NO. OR NUMBER AND ST	REET					 	
TOWN OR CITY	PROV.	POSTAL CODE		TOWN OR CIT			PROV.	POSTAL CODE						
ELECTORAL DISTRICT E-MAIL ADDRESS				ELECTORAL DISTR	RICT E-MAIL	ADDRESS			-					
PRODUCER'S IDENTIFICATION NO.	LANDLORD, VENDOR OR MORTGA		LAND REF.	PRODUCER'S	IDENTIFICA	ATION NO.	LANDLORD, VENDOR O	RMORTGAGEE	LAND REF.					
			С	-					D					
DATE OF BIRTH (DD/MM/YY)	_			DATE OF BIRT	H (DD/MM/)	YY)	+		-					
SIN / BUSINESS NO.	-			SIN / BUSINES	S NO.				-					
TELEPHONE NO.	-			TELEPHONE N	Ю.									
FAX NO.	P. O. BOX NO. OR NUMBER AND STREET			FAX NO.			P. O. BOX NO. OR NUMBER AND ST	REET						
TOWN OR CITY	PROV.	POSTAL CODE		TOWN OR CITY	ſ		PROV.	POSTAL CODE						
ELECTORAL DISTRICT E-MAIL ADDRESS				ELECTORAL DIST	RICT E-MAIL	ADDRESS								
I/We,			_,	PRODUCER'S	IDENTIFICA	ATION NO.	LANDLORD, VENDOR O	RMORTGAGEE	LAND REF.					
	ne as Actual Producer as it appears at Board for a delivery permit authoriz		F						E					
grain. I am/We are the actua listed lands, and I/we confirm	al producer engaged in the production n that all landlords, vendors and more	n of grain on tl gagees name	ne ed	DATE OF BIRT	"H (DD/MM/"	YY)			_					
are entitled to appear on this application. The listed lands comprise an independ- ent, separate farming unit and I/we will declare income in the name of the actual producer (see above) for the listed lands. All parties under the age of 18 have been identified on page 3. I/We have personal knowledge of and attest to the accuracy of the information relating to all parties listed and 1 am/we are duly authorized to execute this document. I/We make this solemn declaration consci- entiously, believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act. The CWB has always been committed to protecting the privacy of your personal information.			ıd- al	SIN / BUSINES	S NO.									
				TELEPHONE N	10.									
				FAX NO.			P. O. BOX NO. OR NUMBER AND S	TREET						
			TOWN OR CIT	Y		PROV.	POSTAL CODE							
always been committed to pr This information is protected agencies.	rotecting the privacy of your personal I and will not be disclosed to unautho	rized persons	or	ELECTORAL DIST	RICT E-MAIL	ADDRESS								
ayunuca.														
Signature(s) of Actual Producer	- please sign in ink						Position in Company (if app	licable)	-	TOTAL FARM				
- 0	Please Fax completed for	m to to Farmer	Оре	rations at (20	04) 983-80)31				ACRES	i			



2007-08 Delivery Permit Application for New Actual Producers

*Use LAND REF. box letter to match land descriptions to Actual Producers and Landlords.

	ACTUAL PRODUCER OF GRAIN GROWN ON THE LANDS	LAND		LANDLORD, VENDOR OR MORTGA	AGEE LI ANI	D LAND		LAN	ID OWN	IED BY E	ACH PRC	DUCE	ER
PRODUCER'S IDENTIFICATION NO.	DESCRIBED	REF.	PRODUCER'S IDENTIFICATION NO.		REF.	REF.	* 🖡	PART.			R.		ACRES
	Please print	Α					- 1					_	
		A											
DATE OF BIRTH (DD/MM/YY)			DATE OF BIRTH (DD/MM/YY)	-									
DATE OF BIRTH (DDMMMTT)			DATE OF BIRTH (DD/WW/TT)										
SIN / BUSINESS NO.			SIN / BUSINESS NO.	-									
SIN / BUSINESS NO.			SIN / BUSINESS NO.										
TELEPHONE NO.				-									
()			TELEPHONE NO.										
	P. O. BOX NO. OR NUMBER AND STREET					-							
FAX NO.	P. O. BOX NO. OR NUMBER AND STREET		FAX NO.	P. O. BOX NO. OR NUMBER AND STREET			_						
TOWN OR CITY	PROV. POSTAL CODE	=	TOWN OR CITY	PROV.	POSTAL CODE	-							
		-		1100.	I OUTAL CODE								
ELECTORAL DISTRICT E-MAIL ADDRESS			ELECTORAL DISTRICT E-MAIL ADDRESS			-							
	LANDLORD, VENDOR OR MORTGAGEE	LAND		LANDLORD, VENDOR OR MORT	GAGEE								
PRODUCER'S IDENTIFICATION NO.		REF.	PRODUCER'S IDENTIFICATION NO.		GAGEE LAN REF								
				-									
DATE OF BIRTH (DD/MM/YY)			DATE OF BIRTH (DD/MM/YY)				-						
				-									
SIN / BUSINESS NO.			SIN / BUSINESS NO.										
	-			_									
TELEPHONE NO.			TELEPHONE NO.										
()			()			_							
FAX NO.	P. O. BOX NO. OR NUMBER AND STREET		FAX NO.	P. O. BOX NO. OR NUMBER AND STREET									
()					DOOTAL OODE	_							
TOWN OR CITY	PROV. POSTAL CODE	E	TOWN OR CITY	PROV.	POSTAL CODE								
			ELECTORAL DISTRICT E-MAIL ADDRESS			_							
ELECTORAL DISTRICT E-MAIL ADDRESS			ELECTORAL DISTRICT E-MAIL ADDRESS										
			PRODUCER'S IDENTIFICATION NO.	LANDLORD, VENDOR OR MORTO	LAN								
Please use this name	if you require more space			1	REF								
for additional landlord	ds or land descriptions.			-			_						
	s for the land reference		DATE OF BIRTH (DD/MM/YY)										
				-									
boxes (eg. F, G, etc.)			SIN / BUSINESS NO.										
				-									
			TELEPHONE NO.										
			()			_	-						
			FAX NO.	P. O. BOX NO. OR NUMBER AND STREET									
						-							
			TOWN OR CITY	PROV.	POSTAL CODE								
			ELECTORAL DISTRICT E-MAIL ADDRESS			-							
			LEEGTONAL DISTRICT										
						-							
						TOTAL							
						FARM							
						ACRES							

SECTION A

An actual producer applying for a delivery permit must be engaged in the actual production of either wheat, barley, rye, flaxseed, canola, rapeseed or oats during the crop year. The actual producer cultivates, seeds and harvests the crop or directs these operations on a custom basis on the land described in this application.

 Is the land being custom operated? A custom operator does the actual cultivating, seeding and harvesting of the crop and receives payment for this; however, you are directing these operations and incurring all or a portion of the costs and receiving receipts.

	Yes	No	If Yes, please give name of custom operator
2)	Is the cost	t of operating	g the land described in this application borne entirely by you?
	Yes	No	If No, please state how and with whom the costs are shared

NOTE:	You may be required to prov	ide supporting documer	ntation such as expe	ense receipts, th	e custom farming
agreem	ent and related receipts.				

3) Do you presently have an interest in any other delivery permit as an actual producer or interested party (landlord, vendor, mortgagee) or shareholder of a farming operation?

Yes	No	If Yes, please list the other permit book numbers:
-----	----	--

Permit No.

Permit No.

Permit No.

4) Have you received or participated in any cash advances issued under CWB Advance Payments Programs, which include the Spring Credit Advance Program (SCAP), the Agricultural Marketing Programs Act (AMPA), the Enhanced Spring Credit Advance Program (ESCAP) and the Prairie Grain Advance Payments Act (PGAPA) which are currently outstanding?

Yes	No	If Yes, please give the name and identification no. under which the advance was issued.
-----	----	---

- 5) Are you aware of any outstanding cash advances under the SCAP, AMPA, ESCAP or the PGAPA issued in a previous crop year on the land(s) listed?
 - Yes _____ No _____ If Yes, please give the name and identification no. under which the advance was issued.

SECTION B

All producers shown on this application are at least 18 years old. Yes No

If No, please list the names and birthdates for those under 18. Consideration will be given to those actual producers 16 and 17 years of age. No delivery permit will be issued to individuals under the age of 16.

Name	Date of Birth (DD/MM/YY)
Name	Date of Birth (DD/MM/YY)

The CWB has always been committed to protecting the privacy of your personal information. This information is protected and will not be disclosed to unauthorized persons or agencies.

It is an offence under the Canadian Wheat Board Act to provide false information.

Send this copy to the Canadian Wheat Board, P.O. Box 816, Station Main, Winnipeg, Manitoba, Canada R3C 2P5

Under the Official Languages Act, the CWB is obligated to provide business information in English only.

The following survey question is required to monitor language requests.

In which language do you wish to be served? English