



Department of Agriculture

Beef Quality Improvement Program Seed Stock Assistance Application

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

Bull Tattoo Number(s) table with 5 columns and 2 rows

Heifer Tattoo Number(s) table with 5 columns and 2 rows

Number of Registered Cows in the Herd: (DO NOT include heifers which have not had a calf)

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

Registration Papers _____ Ultra Sound _____ Gene Test (marbling/tenderness) _____

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
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