



Department of Agriculture

Beef Quality Improvement Program Premium Sires Assistance Application

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

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