



## Canadian Cattle Identification Agency Third Party User Application

I the undersigned hereby make application for a third party to report information to the Canadian Cattle Identification Agency's (CCIA) database on my behalf.

### Dealer/Producer Contact Information

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

CCIA Pin Number/Account ID (*if known*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Bus): \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

CCIA Tag Number Issued to you (*if producer*): \_\_\_\_\_

I the undersigned accept the responsibility of reporting information to the Canadian Cattle Identification Agency's (CCIA) database on behalf of the above user.

### Third Party (Delegate) Contact Information

Name: \_\_\_\_\_

Company Name (*if applicable*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Bus): \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

User Name and/or Pin Number: \_\_\_\_\_

Please return the signed application to:

Canadian Cattle Identification Agency, Suite 218, 6715 8 Street NE, Calgary, Alberta T2E 7H7  
Tel: (877) 909-2333; Fax: (403) 275-1668; Email: [info@canadaid.ca](mailto:info@canadaid.ca)

*(All contact information supplied above will be compared to your existing profile within the CCIA database to confirm your identity.)*

*Upon submission of information to CCIA or retrieval of information from CCIA both parties agree to the following:*

- certify that information provided to CCIA is accurate to the best of our knowledge, and;*
- agree that all information collected by CCIA may be used as approved by the CCIA Board of Directors, and;*
- certify that information supplied by the CCIA shall not be used for other than the intended purpose, and;*
- accept that CCIA may restrict access at CCIA's discretion, and;*
- adhere to the Health of Animals Regulations and acknowledge the authority of the Canadian Food Inspection Agency, and;*
- agree to cooperate with CCIA approved auditors.*

Upon signing of this application, both parties agree to the terms as outlined above.

I, \_\_\_\_\_ *(print name)* certify that I am authorized to sign on behalf of the Producer/Dealer Contact listed herein.

Signed Producer/Dealer: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ *(print name)* certify that I am authorized to sign on behalf of the Third Party (delegate) listed herein.

Signed Third Party: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the signed application to:  
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