

## THIRD-PARTY USER APPLICATION

I, the undersigned, hereby make application for a third party to report information to 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 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: \_\_\_\_\_

*(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 CCIA's Board of Directors; and,
- Certify that information supplied by CCIA shall not be used for other than the intended purpose; and,
- Accept that CCIA may restrict access at CCIA's discretion;
- Adhere to the Health of Animals Regulations and acknowledge the authority of 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:**

**Canadian Cattle Identification Agency**  
**7646 - 8 Street N.E., Calgary, Alberta T2E 8X4**  
**Tel: (877) 909-2333 | Fax: (403) 275-1668 | Email: [info@canadaid.ca](mailto:info@canadaid.ca)**