

CURRENT Canadian Livestock Tracking System (CLTS) database account information

CLTS Account ID #

A							
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Account Name (farm/business) _____

Contact Name _____

Mailing Address _____

PO BOX

SITE

RR

STREET

CITY

PROV/TERR

POSTAL CODE

Main Tel _____

Alternate Tel _____

Email _____

Premises Identification _____



REQUESTED CHANGES to the CLTS database account information

Name(s) to add to the CLTS account

FIRST

LAST

FIRST

LAST

Name(s) to remove from the CLTS account

FIRST

LAST

FIRST

LAST

Change name of CLTS account to _____

Mailing Address _____

PO BOX

SITE

RR

STREET

CITY

PROV/TERR

POSTAL CODE

Main Tel _____

Alternate Tel _____

Email _____

Premises Identification _____

By submitting this form, I **certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. I **consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. I **acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.

NOTE: It is the requesting party's responsibility to obtain the necessary signatures. When the requesting party is unable to obtain the necessary signatures, supporting documentation will be required and requested to show entitlement to make account changes.

 AUTHORIZING SIGNATURE FOR CLTS ACCOUNT

 DATE

 AUTHORIZING SIGNATURE FOR CLTS ACCOUNT

 DATE

 AUTHORIZING SIGNATURE FOR CLTS ACCOUNT

 DATE

Internal Use Only

CCIA REP: _____

Legal Counsel: _____

CG Ticket ID: _____

Date Received: _____

Date Approved: _____

Date Closed: _____