



APPROVED DEALER INFORMATION FORM
RETURN by email at info@canadaid.ca or fax to **403-275-1668**
or by mail to **7646 – 8 Street, N.E. Calgary, Alberta T2E 8X4**

DEALER PROFILE

Canadian Livestock Tracking System (CLTS) database user account information

CLTS Account ID #

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Legal Name of Company _____

Address _____

Operating as
(if different from above) _____

Address
(if different from above) _____

Telephone _____

Facsimile _____

Email _____

Owner(s) _____

Name of Accounting Contact _____

Premises Identification (if known) _____

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.