CANADIAN LIVESTOCK TRACKING SYSTEM ACCOUNT CHANGES 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**

CURRENT Canadian Livestock Tracking System (CLTS) database account information

CLTS Account ID # | A | | | | | | | |

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: _____