



**THIRD-PARTY USER APPLICATION FORM**

**RETURN** by email at [info@canadaid.ca](mailto:info@canadaid.ca) or fax to 403-275-1668  
or by mail to **7646 – 8 Street, N.E. Calgary, Alberta T2E 8X4**

**CANADIAN LIVESTOCK TRACKING SYSTEM DATABASE ACCOUNT HOLDER INFORMATION**

I, the undersigned, hereby make application for a third party to submit information to Canadian Cattle Identification Agency (CCIA) and the Canadian Livestock Tracking System (CLTS) database on my behalf.

CLTS Account ID # **A**

Name of the contact for this CLTS account \_\_\_\_\_  
FIRST LAST

Business/Farm Name \_\_\_\_\_

Business/Farm Address \_\_\_\_\_ Premises Identification \_\_\_\_\_  
P.O. BOX SITE RR

STREET CITY PROV/TERR POSTAL CODE

Main Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email \_\_\_\_\_

**THIRD-PARTY SERVICE PROVIDER INFORMATION**

I, the undersigned CLTS account holder identified in the section above, hereby make application for the following named third party to submit information to the CLTS database on my behalf.

CLTS Account ID # **A**

Name of the contact for this third-party service provider account \_\_\_\_\_  
FIRST LAST

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
P.O. BOX SITE RR

STREET CITY PROV/TERR POSTAL CODE

Business Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email \_\_\_\_\_

**IMPORTANT NOTE:** To confirm your identity, all contact information provided in this form will be compared to the existing profile for the this CLTS database account ID.

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;
- Agree that all information collected by CCIA may be used as approved by CCIA's Board of Directors;
- Certify that information supplied by CCIA shall not be used for other than the intended purpose;
- 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.

I, the CLTS account holder, understand and agree that I am the regulated party and that any failure of the third-party service provider to report information on my behalf, or failure to report within the required regulatory time period, will be the failure of the regulated party and not the third-party service provider and as such, I would be subject to any enforcement action by government.

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

I, \_\_\_\_\_  
FIRST NAME LAST NAME

certify that I am authorized to sign on behalf of the CLTS account ID contact listed herein.

\_\_\_\_\_  
AUTHORIZING SIGNATURE FOR CLTS ACCOUNT DATE

I, \_\_\_\_\_  
FIRST NAME LAST NAME

certify that I am authorized to sign on behalf of the third-party user (delegate) listed herein.

\_\_\_\_\_  
AUTHORIZING SIGNATURE FOR THIRD PARTY USER (delegate) DATE

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.