

# STORAGE CROP PRODUCER APPLICATION FOR TRANSFER BETWEEN AGENCIES

I/we request a transfer to another BCVMC designated agency as follows:

## Part 1 - Applicant Information

Name of Owner:	_____
Name of Operating Company:	_____
Address:	_____
Ph: _____ Fax: _____ E-mail: _____	

## Part 2 - Production Details

Commodity(ies)	

## Part 3 - Agency Information

<b>Agency TRANSFERRING FROM:</b> _____
Does this agency support this transfer application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", an authorized agency representative must sign this application.
Name (print): _____ Signature: _____
<b>Agency TRANSFERRING TO:</b> _____
Does this agency support this transfer application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", an authorized agency representative must sign this application.
Name (print): _____ Signature: _____

## Part 4 - Applicant Signature

I/we confirm this agency transfer request and I/we hereby confirm my/our intention to comply with all applicable Commission Orders.
Applicant (Signature): _____ Date: _____, 20__.

## Part 5 - BC Vegetable Marketing Commission Approval

Approved by the Commission on (date): _____
Signature (for the Commission): _____ Date: _____, 20__.

**PLEASE FAX OR MAIL TO THE COMMISSION**

**BC Vegetable Marketing Commission #207 15252 - 32<sup>nd</sup> Ave Surrey BC V3Z 0R7 Fax: 604-542-9735**