

DEALER REQUEST TO CEASE CCIA TAG SALES

Tag Dealer: _____

Address: _____

Phone: _____

CCIA Account Number: _____

I, the undersigned, and representative for the above account, no longer wish to carry or sell CCIA tags.

I am requesting for this account to be made inactive in the CCIA Database upon receipt of records to CCIA.

I have included all records, or copies of, in regards to CCIA tag sales, and sent to CCIA for storage.

Tag Dealer Owner/Manager Signature

Date

Print Name

For CCIA Office Use Only:

CCIA has gone through the records and made sure all inventory is taken care of, and the account is now set to inactive.

CCIA Representative: _____

Print Name: _____

Date: _____

Please return form within 30 days by fax: 403-275-1668

or mail to: Canadian Cattle Identification Agency
300, 5735 - 7th Street NE, Calgary, AB T2E 8V3