

APPLICATION FORM – TAG OWNERSHIP TRANSFER REQUEST

Date: _____

I, _____, request that the ownership of the following tag(s) be transferred from my account to _____.

Tag Range Start:	Tag Range End:	Quantity:

Note: If more rows are required, please include them on a separate page and send with the completed application.

The above request is being made between the following parties, and the signatures below authorize the CCIA to submit the information and complete the request:

Transfer tag(s) from:

Account Name: _____
 Contact Name: _____
 Address: _____
 City, Province: _____
 Postal Code: _____
 Phone Number: _____
 Account ID: _____
 Tag Sale Date _____

Signature

Transfer tag(s) to:

Account Name: _____
 Contact Name: _____
 Address: _____
 City, Province: _____
 Postal Code: _____
 Phone Number: _____
 Account ID: _____

Signature

CCIA USE ONLY:	
Date Received: _____	Transaction ID: _____
Submitted By: _____	Status/Results: _____
Date Submitted: _____	Scanned/Filed: _____

Please return form by fax: 403-275-1668
 or mail to: Canadian Cattle Identification Agency
 7646 - 8 Street NE, Calgary, AB T2E 8X4