



TAG RETIREMENT REQUEST FORM

CCIA PIN/Account ID: _____ Date: _____

Company Name: _____ Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Tag Number: _____ Date: _____ Tag Number: _____ Date: _____

Tag Number: _____ Date: _____ Tag Number: _____ Date: _____

Tag Number: _____ Date: _____ Tag Number: _____ Date: _____

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Please return form within 30 days of death or slaughter of animal. Please fax form to 403-275-1668 or mail to: Canadian Cattle Identification Agency 300, 5735 - 7th Street NE, Calgary, AB T2E 8V3

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