



application and certificate of accreditation

(FORM RF)

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Date Of Application: _____ New Renewal

Name of Applicant Business: _____

Address: _____ City: _____

County: _____ Province: _____ Postal Code: _____

Phone: _____ Post Office: _____ R. R. or Box No.: _____

CDB Accreditation Code: _____

TYPE OF BUSINESS	AI Business	Milk Recording Agency	Independent
	Other		

The person whose signature appears on this document certifies that the Applicant operates a Registration business filing applications for registry electronically or by mail, that such business will at all times comply with and be bound by these rules.

- NOTE: 1. Mail with the application to Holstein Canada Box 610, Brantford, Ontario, N3T 5R4.
2. This application is for the purposes of a renewal of accreditation, provide details of any changes since date of last application.

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I acknowledge that I will abide by the Canadian Dairy Breeds (CDB) Rules and Regulations for Registration Filing Service Accreditation, as stated in pages 13 and 14.

Date: _____ Signature: _____

Maintenance of employees engaged in the filing of applications for registry is the responsibility of the business.