

## application and certificate of accreditation

(FORM RF)

Date Of Application	n:	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 BUSINES	S Al Business Other	Milk Recording Agency	Independen <sup>a</sup>
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