



7 Atlantic Central Drive East Mountain, Nova Scotia B6L 2Z2

Phone: 902-893-7455 | Fax: 902-893-7063

PORK PRODUCER APPLICATION

Please print clearly

Company Name: _____

Contact Name: _____

Civic Address: _____ Town: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Mobile phone: _____ Email: _____

Which of the following categories best describes your production system? Please include your estimated annual production. If this estimated production changes by more than 10%, it must be reported to the Pork Nova Scotia Office

- | | | | |
|--------------------------|------------------------------|----------------------|-------|
| <input type="checkbox"/> | ISO Weans | Estimated Production | _____ |
| <input type="checkbox"/> | Feeder Pigs | Estimated Production | _____ |
| <input type="checkbox"/> | Market Hogs (including sows) | Estimated Production | _____ |

I am hereby applying for a Producer License under section 5 of the Pork Nova Scotia Regulations as related to sections 6 and 9 of the Natural Products Act. I understand that by holding a Producer License I will abide by the requirement of the Pork Nova Scotia Regulations, including levy remittance to Pork Nova Scotia.

This license will be renewed automatically on January 1st of each year, unless written notice is provided to the Pork Nova Scotia office before December 1st of the preceding year.

(Print name)

(Signature of applicant)

Date: _____

For Office Use Only

Date Received: _____

Date Processed: _____

Date Licensed Mailed: _____

Checked by (initials): _____