

REGISTRATION APPLICATION FORM**Version 3.0**

Some preliminary information must be gathered to begin the registration process. **Please complete the form and Fax, Mail or Email it to your Provincial CQM Office.**

A. Farm Contact Information

Farm Legal Name:..... Tel:.....

Farm Owner/Manager: Fax:.....

Provincial License/Shipper #:..... Cell:.....

Farm Mailing Address: E-mail:.....

Postal / Street Address:

City & Province:

Postal Code:

Description of Farm Location:

B. Declaration:

The person named above is the authorized contact for this farm and hereby applies for registration of the above dairy production facility as meeting the requirements of the Canadian Quality Milk program described in the CQM Reference Manual.

The undersigned understands and declares that:

- **ALL** of the mandatory requirements defined in the CQM Reference Manual have been addressed.
- For an initial validation, a minimum of 3 months of records are available.
- Registration may be withdrawn for cause by DFC or the Provincial Delivery Agent.
- The authorized farm contact may voluntarily terminate Registration without cause.
- The Farm's Registration status will not be made publicly available by DFC without authorization from the farm.
- The CQM Reference Manual will be revised and re-issued regularly.
- Registration carries the responsibility for the authorized farm contact to:
 1. Maintain the on-farm food safety system compliant with the CQM Reference Manual.
 2. Accept regular validations and submit self-declarations and respond to the findings.
 3. Inform the Provincial Delivery Agent of ownership or major management changes on the farm.
 4. Respect the restrictions related to the use and control of the CQM certificate.

Authorized signature:..... Date:.....

Dairy Farmers of Canada - Canadian Quality Milk

C. Scheduling of Validation

The validation may take approximately 2-4 hours depending upon the complexity of the farm, records and the number of staff. Please be aware that the validator will need to be accompanied during the validation and may request to speak to some or all of your staff during the course of the validation. The validator will be contacting you to confirm the date and time.

Good time to call you: _____

D. Farm Information (This helps the validator more accurately estimate length of visit)

Herd Size: Total Number of Cattle (lactating, dry, and young): _____

Are any of the animals above housed in a different location?

☐ Yes – Location: _____ ☐ No

Name of Family or Staff in the following areas (if different than contact person):

Milking: _____

Milking Equipment: _____

Animal Treatments: _____

Feeding: _____

Barn Maintenance: _____

Crops: _____

Thank you for applying for registration with the Canadian Quality Milk Program!

For Office Use Only:

CQM Registration Application Form Accepted

☐ Yes ☐ No.

If no, reason not accepted: _____

PDA: _____ Date: _____