

Alberta Farm Recovery Plan II (AFRP II)

Statement of Compliance

Submission Deadline: **January 31, 2009**

This form is to be filled out by all Alberta producers who have applied or been processed as an eligible applicant under Alberta Farm Recovery Plan II (AFRP II) and have complied with the conditions to receive the second instalment under AFRP II [also referred to as AFRP II (b)]. If you have any questions or concerns please contact AFSC toll free at 1-877-744-7900.

Part I Producer Information

Name				<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
Address				AFSC ID Number																	
Town / City Code	Province	Postal		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
Telephone Number (Days)	Fax Number			Social Insurance Number or Business number *																	
* Please provide your Social Insurance Number or Business Number only if AFSC ID has not been issued or is not available.																					

Part II Compliance Requirements

- 1 a) Did you register under the **Premises Identification (PID) Program** through Alberta Agriculture and Rural Development (AARD) **by December 31, 2008**?
- No ___ Yes ___
- b) If yes, please provide the name, address and phone number you used for the PID Program ONLY if it differs from Part I (above) of this form:
- Name: _____ Phone: _____
- Address: _____
- 2 a) Did you own beef cows that calved in the calendar year 2008? (If no, please proceed to Question 3.)
- No ___ Yes ___
- b) If yes, did you **age verify** these calves according to the AFRP II(b) Age Verification Conditions **by December 31, 2008**?
- No ___ Yes ___
- c) If yes, you must provide your CCIA Account Number (formerly known as CCIA PIN) _____
- d) Please provide the name, address and phone number you used for CCIA age verification ONLY if it differs from Part I (above) of this form:
- Name: _____ Phone: _____
- Address: _____
- 3 a) Do you operate a beef cattle feedlot that feeds more than 5,000 animals annually? (If no, please proceed to Part III)
- No ___ Yes ___
- b) If yes, will you report all live **animal movement** in and out of your feedlot **commencing January 1, 2009** according to the AFRP II(b) Feedlot Conditions?
- No ___ Yes ___

Please complete reverse side.

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Part III Declaration

In signing the declaration below, I:

1. certify that I was actively farming during both the 2006 and 2007 program years, with the program years being as defined under the Canadian Agricultural Income Stabilization (CAIS) Program;
2. certify that all information provided in Part II of this Statement of Compliance is complete and correct;
3. understand and accept the Agriculture Farm Recovery Program II (b) [AFRP II(b)] Premises Identification Conditions, AFRP II(b) Age Verification Conditions, and AFRP II(b) Feedlot Conditions;
4. consent to third parties, including Canada Cattle Identification Agency (CCIA) and Alberta Agriculture and Rural Development (AARD), disclosing upon request to Agriculture Financial Services Corporation (AFSC) any information pertaining to me or my financial affairs which AFSC considers necessary for the purpose of verifying my Alberta Farm Recover Plan II benefit;
5. agree to allow AFSC and its representative(s) access to my farm and to my records, wherever they are, in order to verify the accuracy of my program information;
6. understand and agree that my AFRP II information may be combined with the information of other participants for the purposes of determining a AFRP II benefit, and consent to the disclosure of this information to the other participants with whom I am being combined;
7. understand AFSC has the right to deduct from my AFRP II benefit any amount due and owing to AFSC and under some conditions, a right of deduction in favour of Alberta;
8. agree to repay to AFSC on demand any AFRP II overpayments. The interest rate used is the Canadian Imperial Bank of Commerce prime rate plus 2% per annum, adjusted quarterly;
9. understand that I may be denied an AFRP II benefit if I do not comply with the statements in this declaration or am found to have provided false or misleading information.

For individual applicants the individual must sign. For corporations and other entities authorized signatories must sign.

Signature(s)	Print Name(s)	Date

Signed and completed forms may be dropped off at any AFSC office or submitted in the following manner:

Fax: (403) 782-8348
Mail: AFRP II
c/o AFSC
5718-56 Avenue
Lacombe AB, T4L 1B1

The personal information on this form is collected under the authority of both the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act (FOIP Act)*. Your information is protected by and is subject to the provisions of the *FOIP Act*. Agriculture Financial Services Corporation (AFSC) will use the information from this form to determine your benefit under the Alberta Farm Recovery Plan II and, if applicable, may use the information to assist in determining the Alberta Farm Recovery Plan II for those participants you farm with. AFSC will also use your information for the administration of all AFSC programs, to advise you about AFSC programs and services, for policy and program development and evaluation, and for research and statistical purposes. AFSC may share your information with Agriculture and Agri-Food Canada and Alberta Agriculture and Rural Development for administration of the other agriculture programs, for policy and program development and evaluation, and for research and statistical purposes. If you have any questions about this form and collection and use of this information please contact the BRM Senior Program Manager, AFSC, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1; phone (toll free): 1-877-744-7900.