

TURKEY FARMERS OF ONTARIO
1120-100 Conestoga College Blvd.
Kitchener, ON, N2P 2N6
T: 519-748-9636 F: 519-748-2742
admin@turkeyfarmers.on.ca
www.turkeyfarmers.on.ca

HATCHERY/HATCHERY AGENT LICENCE APPLICATION

1. If more than one hatchery facility is owned, each hatchery must submit an application.

Ownership Structure □ Sole proprietorship: enter full name of person on the line below. □ Partnership: enter full names of partners: □ Corporation: enter corporation's full name on the line below.		
Corporation or Individual Name:		
Contact Name:	Title:	
Hatchery/Hatchery Agent Address:		
City:	Postal Code:	
Telephone: Cell: _	Fax:	
Email:		
Current TFO Hatchery/Hatchery Agent Licence Number (if applicable):		
Current CFIA Hatchery Registration Number:		
Do you hatch poults at your own hatchery? ☐ YES ☐ NO		
If no, please list the hatcheries that poults are purchased from on the next page.		
BY SIGNING BELOW,		
I AGREE TO SUBMIT TRUE AND ACCURATE INFORMATION TO THE TURKEY FARMERS OF ONTARIO ON A PRESCRIBED FORM WHICH INCLUDES, THE NAME OF THE HATCHERY AND QUANTITY OF POULTS HATCHED OR PURCHASED, LIST OF ALL PERSONS, HATCHERIES OR HATCHERY AGENTS TO WHOM HATCHING EGGS OR POULTS ARE SOLD. THE INFORMATION MUST INCLUDE EACH PERSON'S: QUOTA HOLDER NAME, FINISHING FARM NAME, BROODING FARM NAME, INCLUDING BREEDER BROODING AND CONDITIONING FARM AND LAYING OR STUD FARM NAMES. I WILL REPORT THE CIVIC ADDRESS, TOWNSHIP, COUNTY, TELEPHONE NUMBER, EMAIL AND NUMBER OF POULTS PURCHASED BY PERSONS WHO RESIDE AT NON-REGISTERED PREMISES. THE INFORMATION WILL BE SUBMITTED TO THE TURKEY FARMERS OF ONTARIO BY THE FRIDAY FOLLOWING THE WEEK OF ACTIVITY.		
FURTHER, I AGREE NOT TO SELL IN EXCESS OF 50 TURKEY POUL IS NOT THE HOLDER OF REGISTERED TURKEY FARMERS OF ONT HATCHERY OR HATCHERY AGENT LICENCE WITH THE TURKEY F	TARIO QUOTA OR A VALID TURKEY POULT DEALERS LICENCE OR	
I WILL FULLY COMPLY WITH SECTION 9 AND 12 OF TURKEY FARM COMMODITY BOARD MAY IMPOSE TERMS AND CONDITIONS UPO COMMODITY BOARD IF THERE ARE CHANGES IN INFORMATION C	N A LICENCE. WE AGREE TO IMMEDIATELY NOTIFY THE	
SIGNED:	TITLE:	
(Print)	DATE:	

Revision: 1 Revision Date: 240112 Creation Date: 200110

Hatchery Agent: Supply Hatchery Details

Hatchery Name:	
Address:	
City:	Province or State:
Country:	ZIP or Postal Code:
Phone:	Contact:
Hatchery Name:	
Address:	
City:	Province or State:
Country:	ZIP or Postal Code:
Phone:	Contact:
Hatchery Name:	
Address:	
City:	Province or State:
Country:	ZIP or Postal Code:
Phone:	Contact:
Hatchery Name:	
Address:	
City:	Province or State:
Country:	ZIP or Postal Code:
Phone:	Contact: