



ATTENTION: PRODUCTION DIVISION, GEORGE MacNAUGHTON
 6780 Campobello Road, Mississauga, Ontario L5N 2L8
 Telephone (905) 821-8970 Fax (905) 821-3160

The policies book posted on DFO's website (www.milk.org) contains the most up-to-date policies and will be used for all policy and quota transaction interpretation.

INTENT TO TRANSFER QUOTA TO A CHILD

REQUESTED DATE OF TRANSFER: _____ TOTAL DAILY QUOTA TO BE TRANSFERRED _____ kg
(Note: Saleable and non-saleable proportions will be calculated by DFO using the percentage of non-saleable quota on the effective date of the transfer.)

THIS SECTION TO BE COMPLETED BY THE TRANSFEROR:		NAME OF TRANSFEROR
DFO LICENCE NO.	PHONE NO. ()	
	PHONE NO. ()	

E-MAIL	ADDRESS
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BRIEF DESCRIPTION OF REASON FOR TRANSFER:

WITNESS' NAME (non-family member) <i>(please print)</i>	WITNESS' SIGNATURE	TRANSFEROR'S NAME <i>(please print)</i>	TRANSFEROR'S SIGNATURE	DATE SIGNED
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THIS SECTION TO BE COMPLETED BY THE APPLICANT:		NAME OF APPLICANT
DFO LICENCE NO.	PHONE NO. ()	
	PHONE NO. ()	

E-MAIL	ADDRESS
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IF APPLICABLE, FAMILY RELATIONSHIP OF APPLICANT TO TRANSFEROR:

Please answer the following questions by placing your initials in the appropriate box.	YES	NO
Do you presently hold quota?		
Are you starting from a dairy facility at which the transferor was issued a licence to produce and market milk in the last five years?		
Have you purchased quota as part of an on-going operation?		
Have you purchased quota on the exchange and been exempt from the quota exchange proration policy?		
Do you agree that you will ship milk on a continuous basis for five years from the effective date of the transfer before transferring or donating quota acquired through the transfer?		
Are you planning on merging quota acquired through the transfer with other quota?		

Note: If DFO determines that a producer has contravened the intent of policies by providing incorrect information at the time of application, the Board may require that any quota acquired be sold on the quota exchange..

WITNESS' NAME (non-family member) <i>(please print)</i>	WITNESS' SIGNATURE	APPLICANT'S NAME <i>(please print)</i>	APPLICANT'S SIGNATURE	DATE SIGNED
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FOR DFO OFFICE USE ONLY				
DATE RECEIVED	DATE LETTER ACKNOWLEDGED	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	INITIALS	REASONS FOR NON APPROVAL