

Statement of Compliance Packaging Materials and Labels Bearing the Meat Inspection Legend

Fields marked with an asterisk (*) are mandatory.

Section A. Meat Inspection Legend Reproductions			
Last Name *		First Name *	
Plant Number (Up to 6 digits, if known)	Job Title *		
Legal Business Name *			
The Meat Inspection Legend will be applied to the following (check all that apply):*			
☐ Breast Tags ☐ Casing	s	Labels/Stickers	
Packaging Materials Boxes			
Other Specify			
Section B. Printing			
Printing Meat Inspection Legend (check all that apply): *			
I am requesting permission to reproduce the Meat Inspection Legend on-site.			
I am requesting permission for a printing company to reproduce the Meat Inspection Legend on my behalf of the meat plant.			
Printing Company 1			
Name of Printing Company *			
Contact Name (First and Last Name) *			
Printing Company Address (e.g. Unit, Street Number, Street Name, City, Province) *			
Printing Company Email *			
Printing Company 2			
Name of Printing Company			
Contact Name (First and Last Name)			
Printing Company Address (e.g. Unit, Street Number, Street Name, City, Province)			
Printing Company Email			
Printing Company 3			
Name of Printing Company			
Contact Name (First and Last Name)			
Printing Company Address (e.g. Unit, Street Number, Street Name, City, Province)			
Printing Company Email			

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Section C. Legend Issuance		
Please provide the e-mail address(es) that you wish to receive the electronic copy of the Meat Inspection Legend.		
If you require an alternate format, please notify the Licensing Team at foodsafetylicensing@ontario.ca , or your Area Manager.		
Email Primary *		
Email Secondary		
Section D. Declaration		
By selecting this checkbox, you are indicating that you understand that authorized use of the Meat Inspection Legend is subject to O. Reg. 31/05. Permission to reproduce the Meat Inspection Legend may be withdrawn for non-compliance with the requirements of O. Reg. 31/05.		
I certify that the information in this application is true and correct to the best of my known	owledge.*	
Name (First and Last Name) *	Date (yyyy/mm/dd) *	

ON00580E (2024/07) Page 2 of 2