

**Please attach:**

- Registration fee of \$300 by cheque or money order in Canadian Funds, payable to the Minister of Finance.
- Names and addresses of dealers in your Ontario dealer network.
- Names and addresses of implement manufacturers which you represent.
- A list of all makes (brands) of farm implements offered for sale.

Fields marked with an asterisk (\*) are mandatory.

Type of Application \* (select one)

<input type="checkbox"/> New	Client Number (FI-9999) (required if a renewal)
<input type="checkbox"/> Renewal	

## 1. Business Information

Type of Business \* (select one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
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### Contact Information

Last Name *	First Name *
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Business Name
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Canada Revenue Agency (CRA) Business Number (nine-digit) \*

Telephone Number *	Extension	Email Address
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Website
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### Address of principal place of business serving Ontario

Unit Number	Street Number *	Street Name *	PO Box
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County
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City/Town *	Province *
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Postal Code/Zip Code *	Country *
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### Owner/General Manager Information

Last Name *	First Name *	Telephone Number *
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## 2. Equipments

Type of Equipment \* (select all can apply)

<input type="checkbox"/> <b>Primary Field Equipment</b>					
<input type="checkbox"/> Tractors	<input type="checkbox"/> Tillage	<input type="checkbox"/> No-till	<input type="checkbox"/> Planters	<input type="checkbox"/> Sprayers	<input type="checkbox"/> Manure Handling
<input type="checkbox"/> Other (please list) _____					

☐ **Harvesting Equipment**

☐ Combines☐ Balers☐ Mowers☐ Hay Eqpt☐ Forage Eqpt☐ Grain Bins

☐ Other (please list) \_\_\_\_\_

☐ **Materials Handling Equipment**

☐ Loaders☐ Augers☐ Elevators☐ Conveyors☐ Wagons

☐ Other (please list) \_\_\_\_\_

☐ **Farmstead Equipment**

☐ Silo Unloaders☐ Feeding Eqpt☐ Ventilation Eqpt☐ Cleaning Eqpt☐ Milking Systems

☐ Other (please list) \_\_\_\_\_

☐ **General**

(please list) \_\_\_\_\_

3. Declaration

☐ I certify that the information submitted in this application is true and correct to the best of my knowledge. \*

Name (First and Last Name) *	Title	Date (yyyy/mm/dd) *

For questions contact the Agricultural Information Contact Centre (AICC): 1-877-424-1300.

**For mail submission, send completed form, payment and support documents to:** Ministry of Agriculture, Food and Rural Affairs, Environmental Management Branch, Farm Implements Act Program, 1 Stone Road West, 5th Floor North West, Guelph ON N1G 4Y2.