AgriStability
BC Ministry of Agriculture

AgriStability Contact Authorization Form

I understand and acknowledge

- The AgriStability Administration recognizes the participant as the primary contact for AgriStability. Participant information will be shared with an authorized contact person, or firm, acting on the participant's behalf, by completing this form.
- By providing an authorized contact, the participant is authorizing the AgriStability Administration to receive information and to disclose information to that contact, and to make changes to the participant's applications as directed by the authorized contact.
- Contact information collected on this form will be used to verify the authorized contact person and for communications regarding the participant's AgriStability information.
- Although AgriStability will receive and disclose information with an authorized contact, all correspondence will continue to be directed to the participant unless authorized on this form.
- The participant must advise the AgriStability Administration if the third party contact changes.The AgriStability Administration will replace any previous authorized contact with the name provided here.

Contact Information

First Name	Last Name	
Business Name		
Address		
Town / City	Province	Postal code
Telephone (Days)	Fax Number	
Email		

Do you want a copy of correspondence sent to your authorized contact? Yes ☐ No ☐

I consent to the above person or firm to act on my behalf regarding AgriStability information and hereby authorize AgriStability to disclose and discuss my AgriStability information with the authorized contact, including personal and confidential business information in the AgriStability file.

Participant Signature	Participant Name (Please Print)
AgriStability PIN	Date

AgriStability Administration

200 1500 Hardy St
Kelowna, BC V1Y 8H2

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Abbotsford, BC V3G 2M3

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