

# BC AgriStability Enhancement Program

## Late Participant Initial Declaration and Authorization Form

All new participants must complete and return this form by April 30, 2018 to be eligible to participate in the 2017 BC AgriStability Enhancement Program.

- The information provided on this page will be used to create a Personal Identification Number (PIN) which uniquely identifies your farm operation and protects the privacy of the information submitted to the 2017 BC AgriStability Enhancement Program.

### Name and Business Structure

<input type="checkbox"/> Individual	First Name / Last Name	
<input type="checkbox"/> Corporation	Corporation Name	Name a Corporation Representative

### Mailing Address

Address	
Town / City	Postal Code
Telephone (Days)	Telephone (Alternate)
Email	
Province of Main Farmstead	Municipality

Indicate the location of your main farmstead based on the province/territory in which it is located. If your farm falls into more than one jurisdiction, enter the province/territory where the majority of the gross farming income was earned over the previous five years.

### Identification Numbers

Social Insurance Number (SIN) (individual)	AgriStability PIN (if applicable)	Production Insurance Grower number (if applicable)
Business tax number (BN) (corporation)	Trust taxation number	
RC	T	

### Farming History

Did you start farming within the last six years? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year did you first file a Statement of Farming Activities to the Canada Revenue Agency?
What is your main farming activity? <input type="checkbox"/> Grain and/or Livestock <input type="checkbox"/> Tree fruit and/or Grape <input type="checkbox"/> Nursery and/or Greenhouse <input type="checkbox"/> Vegetables <input type="checkbox"/> Berries and/or Christmas trees	For the BC AgriStability Enhancement Program are you applying as? <input type="checkbox"/> A Status Indian farming on a Reserve <input type="checkbox"/> A Co-Operative <input type="checkbox"/> An Individual <input type="checkbox"/> A Trust <input type="checkbox"/> A Corporation <input type="checkbox"/> A Commune

Note: If you are a Status Indian who farms on a reserve and are exempt from filing an income tax return, you are eligible to participate providing you submit the information you would have otherwise reported for tax purposes for the program year and reference years. References to Canada Revenue Agency do not apply to a Status Indian farming on a reserve.

### AgriStability Administration

200 1500 Hardy St  
Kelowna, BC V1Y 8H2

1767 Angus Campbell Rd  
Abbotsford, BC V3G 2M3

<http://www.gov.bc.ca/agribusinessriskmanagement>  
 Toll Free: 1-877-343-2767  
 Toll Free Fax: 1-877-605-8467  
 Email: [AgriStability@gov.bc.ca](mailto:AgriStability@gov.bc.ca)



## BC AgriStability Enhancement Program Late Participant Initial Declaration and Authorization Form

For purposes of this declaration, "I" refers to the participant (you) or your authorized Contact Person.

### I understand and agree to

1. Abide by all terms, conditions and procedures of the BC AgriStability Enhancement Program as set out in the BC AgriStability Enhancement Program Terms and Conditions (available at [www.gov.bc.ca/agribusinessriskmanagement](http://www.gov.bc.ca/agribusinessriskmanagement)).
2. Allow the Government of British Columbia (BC) and its representatives access to the farm, and to farm financial and production records, for verification or audit purposes.
3. Provide accurate, timely and full information to BC when requested, and notify BC in the event that there are any changes to information I have provided to BC or to the Canada Revenue Agency.

### I certify that

4. My main farmstead is in the Province of British Columbia.
5. I have or will be reporting farming income to the Canada Revenue Agency for the program year.
6. I have disclosed accurate, true and complete information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading.
7. I will disclose details on all farming activities for farming operations in which I am involved, including proprietorships, partnerships, joint ventures, corporations and co-operatives.
8. I will not make alterations/adjustments to the ownership, business structure, size of operation, farming practices, type of farming activity, or accounting methods in an attempt to change my eligibility or benefits in the BC AgriStability Enhancement Program.

### I consent to

9. BC's access to the Canada Revenue Agency, Canadian Agricultural Income Stabilization (CAIS) Program, AgriStability, AgriInvest, Production Insurance (AgriInsurance) and information from other federal/provincial programs related to my farming activities. This information may be used specifically to verify the information provided in your BC AgriStability Enhancement Program application or during any audit.
10. The release of my contact information, which includes my name, physical and mailing addresses, phone and facsimile number, and applicable electronic address to an outside service

provider for the defined purpose of printing and mailing BC AgriStability Enhancement Program documents that may be addressed to me.

11. My information being available to BC and Canada for the purpose of:
  - a) Administration and audits of all current and future BC, federal and provincial programs related to agriculture including, but not limited to, the AgriStability, AgriInvest, AgriRecovery and Production Insurance (AgriInsurance) programs;
  - b) Federal and provincial policy program development and evaluation; and
  - c) Research and statistical purposes.

### I understand and acknowledge

12. Information on the BC AgriStability Enhancement Program forms and in supporting documents is collected by BC to administer the BC AgriStability Enhancement Program under the BC AgriStability Enhancement Program Terms and Conditions.
13. Separate BC AgriStability Enhancement Program information may be required for all activities in which all individuals, partners and shareholders are involved in order for my application to be considered for BC AgriStability Enhancement Program benefits.
14. I may be required to provide BC access to information held directly by third parties including, but not limited to, insurance companies, financial institutions and marketing boards, and I will execute any consent or similar forms any third party may require before providing BC such access.
15. Any funds payable to me under this program may be subject to recovery or offset against any pre-existing debts I may have to BC or Canada.
16. If it is determined that I have received benefits beyond the amount I am entitled to in the program year, or in contravention of any program requirements, the obligations set out in this application, or the laws of British Columbia or Canada, such amounts (overpayments) will be debts due and payable to BC, and I will be required to return all or part of the funds received, as determined by BC. Overpayments may be offset from payments I may be eligible to receive under this or any other program administered or delivered by BC, other provincial programs, or provincial tax programs. Information collected in this application may be used by BC or shared provincial ministries or agencies for the purpose of recovering overpayments.

I certify that the information I have provided on this form is true and correct. I am aware that if I provide false or misleading information, I may be denied payment under the BC AgriStability Enhancement Program.

\_\_\_\_\_  
Signature (Participant/Signing Officer)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Corporate Name (If applicable)

\_\_\_\_\_  
Date

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