

2024 AgriStability Late Participant Initial Declaration and Authorization Form

All new participants must complete and return this form by April 30, 2025, to be eligible to participate in the 2024 AgriStability Late Participation Program.

- The AgriInvest PIN is the same as the AgriStability PIN. The information you provided 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 AgriStability program.
- You also need to fill in a 3rd Party Authorization form and Productive Capacity forms for the commodities you produce on your farm.
- Would you like to participate in 2025 AgriStability Program as a regular participant? Yes No

Section A: Participant Information

First Name / Last Name	AgriStability PIN (if applicable)
Corporation Name	Email
Primary Contact Name or Authorized Contact	Primary Contact Number
Address	Town/City
Postal Code	Municipality of Main Farmstead

Section B: Business Structure (check that apply)

You are enrolling in AgriStability as a? Individual Corporation Trust Co-operative Band

Social insurance number (SIN) (individual)	Business tax number (BN) (corporation)	Trust taxation number (Trust)
Production Insurance Grower number	Band # (Band)	
Do you have a Partner? Yes No If it is a partnership, each partner will have to submit their own application		
Partnership name	Partner's PIN	Partnership %
1		
2		

Section C: Farming History

Did you start farming within six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your main farming activity?
Did you complete a production cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grain and/or Livestock
What year did you first file a Statement of Farming Activities?	_____	<input type="checkbox"/> Tree Fruit and/or Grapes
What is your fiscal year?	_____	<input type="checkbox"/> Nursery and/or Greenhouse
		<input type="checkbox"/> Berries and/or Christmas Trees
		<input type="checkbox"/> Vegetables
		<input type="checkbox"/> Bees and/or Bee By-Products



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 AgriStability program as set out in the AgriStability Program Guidelines (available at www.gov.bc.ca/AgriStability).
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.
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 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 adjust 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 AgriStability 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 AgriStability application or during any audit.
10. The release of my contact information, which includes my name, physical and mailing addresses, phone and facsimile number(s), and applicable electronic address(es) to an outside service provider for the defined purpose of printing and mailing AgriStability documents that may be addressed to me.

I understand and acknowledge

12. Information on the AgriStability forms and in supporting documents is collected by BC to administer AgriStability under the Federal/ Provincial Sustainable Canadian Agricultural Partnership Agreements as amended, or any subsequent Federal/Provincial Agreement.
13. Separate AgriStability 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 AgriStability 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 or Canada, 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 under this or any other program administered or delivered by BC, other federal or provincial programs, or federal or provincial tax programs. Information collected in this application may be used by BC or shared provincial or federal ministries or agencies for the purpose of recovering overpayments.

Signature of Participant or Authorized Signatory

Date

