

2023 AgriStability
Late Participant Initial Declaration and Authorization Form

All new participants must complete and return this form by June 30, 2024 to be eligible to participate in the 2023 AgriStability Late Participation 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 AgriStability 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)	RC	Trust taxation number
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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?
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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 AgriStability 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
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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 Status Indian farming on a reserve.



**Sustainable Canadian
Agricultural Partnership**



**BRITISH
COLUMBIA**

Canada

2023 AgriStability

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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.

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 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.

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 AgriStability forms and in supporting documents is collected by BC to administer AgriStability under the Federal/ Provincial Growing Forward 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.

I certify the information on this form to be true, correct and subject to the AgriStability Participant Initial Declaration and Authorization Form. I am aware that to make a false statement is an offence.

Signature (Participant/Signing Officer)

Printed Name

Corporate Name (If applicable)

Date



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.

Signature of Participant or Authorize Signatory	Participant Name (Please Print)
AgriStability PIN	Date

