



I/We hereby give my/our authority for the B.C. Milk Marketing Board (BCMMB) to supply the information checked below to the following person/Company.

Name of Person/Company requesting information: _____

Signature of Person: _____

Tel No: _____ Fax No: _____

Email: _____

Information to be released or authorized is as checked below:

- _____ Name(s) of the registered Continuous Daily Quota (CDQ) holder(s)
- _____ BCMMB Website access to Producer Statement(s)
- _____ Faxed/mailed Copy of Producer Statement(s) and/or history of Sales/ Purchases of CDQ
- _____ Amount of CDQ allotted; Graduated Entry Program CDQ breakdown
- _____ Quota Letter upon request
- _____ Assignments, if any, held against the CDQ and to which institution(s) the CDQ is assigned
- _____ Information regarding CDQ for buying/selling credits calculations
- _____ Buying/Selling Credits Application submissions
- _____ BCMMB Website Access to Lab Test Results

Signed: _____ Date: _____

Registered Quota Holder: _____
(Please Print)

Farm Name: _____

Shipping/IRMA No.: _____

PLEASE NOTE:

All Quota Exchange application forms and CDQ Name Change transfer Application forms, must be signed by the registered quota holder.

Please Complete and Return To: B.C. Milk Marketing Board Facsimile: 604-556-7717
#200 – 32160 South Fraser Way
Abbotsford, BC V2T 1W5