



*DFNB's Board Orders contain the most up-to-date policies and will be used for all policy and quota transaction interpretation.  
 Copies of the orders are available on the website (nbmilk.org) or by contacting the office at the coordinates above.*

**APPLICATION TO TRANSFER QUOTA AS PART OF AN ONGOING OPERATION**  
 in accordance with Section 4a) of the Daily Quota Transfer Order

Requested Date of Transfer: \_\_\_\_\_ Total Daily Quota to be Transferred \_\_\_\_\_ kg  
*(Note: 100% of the Transferor's Daily Quota ( Saleable and non-saleable) available on the date of the transfer will be transferred.)*

For transfers to take effect by the requested date of transfer, DFNB must have received completed forms by 4 pm of the 1<sup>st</sup> working day of the prior month.

**Signatures below authorize above transactions.**

<b>THIS SECTION TO BE COMPLETED BY THE TRANSFEROR:</b>		Transferor's Name as it appears on the milk statement  Must be a resident of New Brunswick or business must be registered in New Brunswick
DFNB Licence No.	Phone No. ( ) Phone No. ( ) E-mail	
Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		Transferor's Address as it appears on the milk statement

I/we hereby agree to transfer to the applicant the Daily Quota and the credit balance and all associated production and raw milk quality history.

_____	_____	_____
BUSINESS REPRESENTATIVE (please print)	SIGNATURE	DATE SIGNED
_____	_____	_____
BUSINESS REPRESENTATIVE (please print)	SIGNATURE	DATE SIGNED

<b>THIS SECTION TO BE COMPLETED BY THE APPLICANT:</b>		Name of Applicant as it is to appear on the milk statement  Must be a resident of New Brunswick or business must be registered in New Brunswick
DFNB Licence No.	Phone No. ( ) Phone No. ( ) E-mail	
Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other  All individuals must complete a business representative form verifying the licence ownership. All partnerships or corporations must complete a business representative form and attach a lawyer's or certified accountant's letter indicating that the licence ownership is held by a company or partnership registered in New Brunswick and list the directors and officers who have the authority to bind the corporation.		Address

I/we hereby apply for the transfer, from the transferor, the Daily Quota listed in the transfer section above.

I/we agree to produce and market milk to DFNB on a continuous basis from the effective date of the transfer in accordance with the Board's Orders.

_____	_____	_____
BUSINESS REPRESENTATIVE (please print)	SIGNATURE	DATE SIGNED
_____	_____	_____
BUSINESS REPRESENTATIVE (please print)	SIGNATURE	DATE SIGNED

FOR DFNB OFFICE USE ONLY				
LICENCE NO.	QUOTA TRANSFERRED	REASON CODES	DATES	APPROVAL
	kg			