SAR PROGRAMS ENROLMENT FORM

I prefer future correspondence in ☐ English Langue de correspondance préférée ☐ français

Salutation	First Name	Initial	Last Name	Job Title

Address (Line 1)	Primary Phone	Secondary Phone
Address (Line 2)	**Email Address**	**Fax Number**

City/Town	Province	Postal Code	Country	County/District	Municipality

Gross Business Revenue

☐ $0-$6,999 ☐ $7,000-$9,999 ☐ $10,000-$24,999 ☐ $25,000-$49,999 ☐ $50,000-$99,999
☐ $100,000-$249,999 ☐ $250,000-$499,999 ☐ $500,000-$999,999 ☐ $1,000,000 -$1,999,999
☐ $2,000,000 -$2,999,999 ☐ $3,000,000 -$3,999,999 ☐ $4,000,000 -$4,999,999 ☐ $5,000,000 and over

Do you have a Premises ID?
☐ Yes ☐ No
(Obtain your Premises ID at www.ontariopid.com)

Business / Organization (This is the name under which the client operates)

Business Location - Address (Line 1) ☐ Same as my mailing address

Legal Name of Business / Organization (The complete legal name under which the client operates)

☐ Same as above or:

Address (Line 2)

Mailing Address ☐ Same as above	City/Town	Prov.	Postal Code	Emergency Coordinates (911 Address)

Address (Line 2)	County/District	Municipality	Country

City/Town	Prov.	Postal Code	Country	Primary Phone	Secondary Phone

County/District	Municipality	Fax Number	Website

Ownership Structure ☐ Sole Proprietorship ☐ Registered Professional Partnership ☐ Incorporated Business ☐ Cooperative ☐ Community or other Not for Profit

☐ Broader Public Sector ☐ Other Number of years using this ownership structure: _____

Indigenous Partners/Community

☐ Yes ☐ No

Farm Business Registration Number (FBRN)

A Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with the OFA, CFFO or NFU-O. This is a seven (7) digit number. Farm businesses that declare gross farm income of $7,000 or more (for income tax purposes) are required by legislation to register their business.

Exemption: If you do not have a FBRN, and qualify for religious, cultural or new farmer exemption, please select that option below. Further documentation may be required to verify your exemption status.

☐ Other
☐ My business / organization qualifies for religious exemption
☐ My business / organization qualifies for cultural exemption
☐ I am a new farmer

Is your business / organization certified organic (or in transition to become certified)?

☐ Yes, my business / organization is certified organic
☐ My business / organization is in transition towards organic certification
☐ No, my business / organization is not certified organic

Primary Commodity - Identify with Letter A

This commodity contributes to the majority of gross income. Choose one.

Crop Production
___Oilseed and grain
___Vegetable and melon
___Fruit and tree nut
___Greenhouse, nursery and floriculture
___Other _____

Animal Production
___Beef cattle, including feedlots
___Dairy cattle and milk production
___Hog and pig
___Poultry and egg
___Sheep and goat
___Aquaculture
___Horse and other equine
___Other _____

Food and Beverage Processing
___Dairy product manufacturing
___Meat processing and meat product manufacturing
___Beverage manufacturing
___Seafood processing, preparation and packaging
___Grain and oilseed milling
___Bakeries and tortilla manufacturing
___Fruit and vegetable preserving/processing
___Specialty food manufacturing
___Sugar and confectionary product manufacturing
___Animal food manufacturing
___Other _____

Chemical Manufacturing
___Basic organic chemicals
___Pharmaceutical and medicine
___Resin, synthetic rubber, and artificial and synthetic fibres and filaments
___Pesticide, fertilizer and other agricultural chemicals
___Paint, coating and adhesives
___Soap and cleaning compounds
___Other _____

General Manufacturing
___Tobacco manufacturing
___Fibre, yarn and thread mills
___Fabric mills
___Converted paper product manufacturing
___Agricultural, construction and mining machinery manufacturing
___Other

Wholesale and Retail Sales
___Farm product merchant wholesaler
___Food, beverage and tobacco merchant wholesaler
___Machinery, equipment and supplies merchant wholesaler
___Food and beverage stores
___Other _____

Other
___Support activities for crop production
___Support activities for animal production
___Electric Power Generation
___Water supply and irrigation
___Rail transportation
___Truck transportation
___Warehousing and storage
___Professional, Scientific and Technical Services
___Other / Not Applicable

Secondary Commodity - Identify with Letter B

This commodity contributes to at least 25% of gross income. Choose one

Authorized Signing Authority of Business/Organization

☐ I have signing authority for this business or organization.

First Signing Authority: Salutation _____ First Name _____ Last Name _____ Job Title _____

Second Signing Authority: Salutation _____ First Name _____ Last Name _____ Job Title _____

Livestock: Indicate the approximate number of livestock on the business / organization in the past twelve months.

Beef Cattle	Dairy Cattle	Hogs	Poultry	Other Livestock (description)

Farmland: Indicate farmland associated with your business / organization that you own, rent or lease.

Acres Owned (Crop or Pasture)	Acres Owned (Non-Crop or Non-Pasture)	Acres Rented/Leased	Number of Acres Irrigated

Summary

Please take a moment to review the information you have provided and ensure it is accurate.

Terms and Conditions

Notice to Collect Personal Information: Your personal information is collected under the authority of Section 33 of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act.
For further SARPAL information, please refer to www.ontariosoilcrop.org or call 519-826-3035.

By checking the box below, I/We declare the information above to be true and correct and I/We agree to abide to all the program rules, procedures and conditions. I/We consent to the release of this information to Environment and Climate Change Canada, and associated program partners for the purposes of future programming, program promotion and program evaluation.

☐ I have read and agree to all the preceding terms and conditions.

Name of Signing Authority _____ Signature of Signing Authority _____ Date _____

Submit your form to: Species at Risk Partnerships on Agricultural Lands
1- 367 Woodlawn Road West, Guelph, ON N1H 7K9
OR
Email: SARPAL@ontariosoilcrop.org

For Office Use Only

Received by:_____ Signature:_____ Date: (yyyy/mm/dd) _____