



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  
#200 – 32160 South Fraser Way  
Abbotsford, BC V2T 1W5