



*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.*

<b>APPLICATION TO TRANSFER DAILY QUOTA AS PART OF A CATASTROPHE TRANSFER</b> in accordance with Section 4d) of the Daily Quota Transfer Order	
Requested Date of Transfer: _____	Total Daily Quota to be Transferred _____ kg
Host farm shall complete the Catastrophe Daily Quota Transfer form within three months of the occurrence of the Catastrophe	
<b>Signatures below authorize above transactions.</b>	

<b>THIS SECTION TO BE COMPLETED BY THE TRANSFEROR:</b>		Transferor's Name as it appears on the milk statement  <small>Must be a resident of New Brunswick or business must be registered in New Brunswick</small>
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

**DETAILS OF CATASTROPHE AND IMPACT ON PRODUCTION :**

I/we hereby agree to transfer to the applicant the Daily Quota assigned above, for a maximum of 18 months or until notifying the board in writing when the transfer will conclude.

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  <small>Must be a resident of New Brunswick or business must be registered in New Brunswick</small>
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		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

<b>FOR DFNB OFFICE USE ONLY</b>				
LICENCE NO.	QUOTA TRANSFERRED	REASON CODES	DATES	APPROVAL
	kg			