



FOWL REMOVAL BOOKING FORM

Dear Producer

Please complete and return this application in order to book the time frame you would like with the abattoir.

Application Date: _____ Licence #: _____

Farm name: _____

Contact name: _____

Contact phone number: _____ or email: _____

Address of EPU: _____

CIRCLE APPLICABLE : LML (SUPERIOR) V.I. (WCR) INT (WCR)

Barn #(s): _____ White Bird # _____ or Brown Bird # _____

Requested Date for Processing: _____

Office use only: Confirmed Processing date Superior or WCR:

Next New flock (19 week placement date): _____

Registered Producer Signature: _____

**IF THE TIME FRAME YOU WILL BE DOWN IS MORE THAN 14 DAYS
PLEASE HAVE YOUR GRADER SIGN OFF
ON THE (EFR) PRODUCTION ON THE LINE BELOW :**

TOTAL # OF DAYS _____ REASON: _____

Registered Grading Station: _____

Grading Station Approval Signature: _____

PLEASE FORWARD TO THE BCEMB

BCEMB Authorization: _____

Reason if Declined: _____