

LOCAL FEEDER ASSOCIATION INFORMATION					
LFA NAME				DATE	
Address					
Town/City			Province	Postal Code	
Telephone Number			Email Address		
RECOMMENDATION INFORMATION of APPLICANT					
Name of LFA					
Feeder's Association Board of Directors gives the recommendation for					
First Name		Middle Name		Last Name	
Maiden Name					
Mailing Address					
Town		Province		Postal Code	
Home Telephone Number		Cell Number			
Email Address					
To apply for a loan for		\$		through Alberta Breeder Finance Inc.	
Is Applicant related to:		<input type="checkbox"/> Association Board Member		<input type="checkbox"/> Supervisor <input type="checkbox"/> Administrator	
Is Applicant related to another Producer with an ABFI Contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name of Producer with Contract		Middle Name		Last Name	
Is Applicant a youth?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does producer share a yard site with another producer with an ABFI contract?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yard Site Legal Land Description					
LIVESTOCK LOCATION					
Where Will the Livestock be Pastured?					
<input type="checkbox"/> Owned Land		<input type="checkbox"/> Rented Land		<input type="checkbox"/> Community Pasture <input type="checkbox"/> Not Being Pastured	
Will the Livestock be Held at a Third-Party Location?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Legal Land Description of Livestock Location		Summer	Winter		
Directions from Nearest Town					
Name of Town					

INSPECTION INFORMATION FOR APPLICATIONS OVER \$500,000			
Hay/Greenfeed (# Bales):	Straw (# Bales):	Silage (# tonnes)	Feed Grain (# bushels):
Breeding Livestock (# on hand):	Bulls (# on hand):		Feeders (# on hand):
Pasture (# acres/owned):	Pasture (# acres/leased):	Cropland (# acres):	
Facilities (shelter and handling), Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Experience with Livestock (# years):	Cows Calved (Sheep lambed)(# Previous year or years):		
Parental Support	Financial Resources <input type="checkbox"/> Yes <input type="checkbox"/> No	Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Signature

Date

Print Name of Applicant

Administrator's Signature

Print Name

Date

Director's Signature

Print Name

Date