

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 (# 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	

Administrator's Signature

Print Name

Date

Director's Signature

Print Name

Date