



# Verified Beef Production Plus

## Registration Form

a. Name and Address of Beef Cattle Operation		
Operation Name:	Owner Name:	
Manager and/or main contact Name (if different from Owner):		
Ranch Address:		
Mailing Address (Owner):		Postal Code:
Mailing Address (Manager, if different than Owner):		Postal Code:
Phone Number:	Premise ID:	CCIA
Cell Phone:	Legal land location of Headquarters:	
Fax Number:		
	<u>Email(s)</u> of who is to receive info on program news, audits, billing etc):	
b. Producer Statement of Commitment to VBP+		
<p>As named below, I am the authorized representative of the above listed operation and can verify that on this operation, where applicable, there is in place all required documentation and practices as per current program requirements. I have also been informed and agree to the following:</p> <ul style="list-style-type: none"> <li>• Program registration costs and related fees;</li> <li>• Have 3 months of records if I have a feedlot and 6 months of records if I have a cow/calf operation available and on hand for review upon the first on-farm audit;</li> <li>• Agree to annually maintain program requirements, by participating in the annual audit cycle composed of an on-farm audit, records assessment or self declaration (see program manual);</li> <li>• Understand that the registration certificate is good for one year from the annual anniversary date and that if lapses occur in maintenance of the program requirements on or before this date the operation can be suspended and considered no longer a VBP+ recognized operation.</li> </ul>		
_____	_____	_____
<i>(signature on behalf of beef cattle operation)</i>	<i>print name</i>	<i>(YR/MM/DD)</i>

**c. Preferred method to receive information**

To save mailing and program costs, we encourage you to send and receive VBP information by Email. *Please note that if you do NOT tick email as one of your selections, as per Canada's anti-spam law we cannot send any electronic correspondence.*

Please tick all that apply. I can receive/send VBP+ correspondence by:

- Email     Mail     Text     Fax

**d. On-Farm Validation Audits**

A validation auditor will be assigned to complete the initial or 9<sup>th</sup> year on-farm registration audits. She/he will contact you in advance to arrange for a suitable date and time. All audits will assess all greyed items in the VBP manual as outlined at the time of the audit request.

If you feel there is a conflict of interest issue with a particular auditor visiting your operation please contact the VBP+ program coordinator before the visit.

For security reasons a photo of the auditor can be provided by your coordinator upon request.

**e. Other registered auditable programs?**

If you are involved in any other auditable programs please let us know by listing them here e.g. CanadaGAP, Canadian Quality Milk, BCSPCA program, etc. as we will try to work with you where possible to combine or minimize audit demands:

**Our Operation's website (optional) url address is:** \_\_\_\_\_

I would like our operation's website listed / shared with others (please tick the appropriate box):

- yes     no     do not have one     unsure – please contact for more information

**Operation information** (tick, complete all that apply):

1. Our operation is composed of:
  - cow-calf, approx. # of head \_\_\_\_\_
  - backgrounder, approx. # of head \_\_\_\_\_
  - feedlot, approx. # of head \_\_\_\_\_
2. To inform our buyers of our operation's attributes we are a member in:
  - BIX,
  - \_\_\_\_\_
3. Our herd veterinarian's name  
Vet clinic is: \_\_\_\_\_

**f. For VBP+ Office Use Only**

VBP Registration No.	PDA File No.	Multi-Site Registration: <input type="checkbox"/> yes <input type="checkbox"/> no	
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