



5220 - 50th Ave., P.O. Box 4944, Taber AB T1G 2E1

**APPLICATION TO RECEIVE TRANSFER OF SUGAR BEET QUOTA**

- *Application is Subject to Board Approval*
- *Applicant must also complete a Registered Producer Application is not an existing producer*

Name			
Address			
		Email	
Telephone		License # of existing quota	
Contract # of Quota to be transferred		Contract # of existing quota	

**DESCRIPTION OF HOW QUOTA WILL BE GROWN:**

*Please provide ASBG with details of how the quota will be grown including equipment used and experience with farming sugar beets:*

**ACTIVELY ENGAGED:**

(ALL QUOTA MUST BE GROWN BY ACTIVELY ENGAGED PRODUCERS)

I hereby acknowledge and agree that I am actively engaged in the production of sugar beets and meet the following actively engaged criteria:

- Responsible for managing the day-to-day work of farming operations
- Assume all the risk including financial responsibility for my farming operations and quota
- Primary residence in Alberta
- Involved in the farm on a daily basis

X \_\_\_\_\_  
Signature

**GROWING AREA:**

Tel: (403) 223-1110

Fax: 1-888-309-7839

Email: office@asbg.ca

(ACRES MUST REMAIN IN THE SAME GROWING AREA)

I hereby acknowledge that these acres are grown in the \_\_\_\_\_ area and I agree to continue to grow these acres in the \_\_\_\_\_ area.

X \_\_\_\_\_  
**Signature**

<i>Please list any, and all entities in which you are involved that have sugar beet quota. This includes: partnerships corporation, joint ventures, as well as sole proprietorships.</i>	
<b>QUOTA HOLDER:</b>	<b>NUMBER OF QUOTA ACRES:</b>

**I hereby certify that with this transfer of quota, I will not have control of more than 4% (1356 acres) of the overall sugar beet quota.**

X \_\_\_\_\_  
**Signature**

**I hereby agree that the information provided herein is true and accurate based on my knowledge at the time of the application**

**I agree to abide by the regulations and policies that govern the Alberta Sugar Beet Growers Marketing Board and understand that if I violate those regulations or policies that the board has the right to cancel my quota.**

X \_\_\_\_\_  
**Signature**

X \_\_\_\_\_  
**Date**

**DISCLAIMER**

The licensed producer accepting the transfer of Quota acknowledges and accepts that the amount of Quota transferred from the current Quota Holder is not guaranteed and that the amount of Quota to be grown under contract with a licensed processor in any given year may decrease based on the requirements and restrictions of the licensed processor or the Master Agreement between the ASBG and a licensed processor. ASBG will not accept any responsibility or liability for any losses, damages, claims, or demands arising directly or indirectly from the transfer of Quota, including any decreases in Quota.

**OFFICE USE ONLY**

<b>Date Approved:</b>		<b>Approved By:</b>	
<b>Entered into System:</b>	<input type="checkbox"/>	<b>Entered By:</b>	