

**SASKATCHEWAN MILK MARKETING BOARD**

444 McLeod Street, Regina, SK S4N 4Y1

Telephone: (306) 949-6999 Fax: (306) 949-2605

**APPLICATION FORM FOR PRIVATE QUOTA TRANSFER OR SALE**

**SELLER**

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer or sell:

\_\_\_\_\_ kilograms of quota **OR**  
\_\_\_\_\_ kilograms of quota to an immediate family member ► State Relationship: \_\_\_\_\_

Enterprise Name: \_\_\_\_\_ Producer I.D. # \_\_\_\_\_

Requested Effective Date of transfer/sale: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Barn Land Location: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

Print name of witness:

**BUYER**

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer or purchase:

\_\_\_\_\_ kilograms of quota **OR**  
\_\_\_\_\_ kilograms of quota to an immediate family member ► State Relationship: \_\_\_\_\_

Enterprise Name: \_\_\_\_\_ Producer I.D. # \_\_\_\_\_

Requested Effective Date of transfer/purchase: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Barn Land Location: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

Print name of witness:

**ACKNOWLEDGEMENT**

Signatories acknowledge that transactions are administered in accordance with SaskMilk rules and policies, including that 15% of all transfers must be made through the Quota Exchange (except for transfers within immediate family or for a complete dairy unit).

**DEADLINE**

All applications to transfer must be received at the Board office by midnight of the 6<sup>th</sup> of the month in order to become effective on the 1<sup>st</sup> day of the month following approval of the transfer.

**Approved by:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_