

PEI AgriStability Program 2024 Enrolment Request Form

Participant Identification		
Name _____		
Address _____		
City/Town _____	Prov/Terr _____	Postal Code _____
Telephone _____	Mobile _____	
Email _____		
SIN# _____	SIN is required for individuals.	
Business Number: (BN) _____		
AgriStability PIN # (If known) _____		
Partnership PIN # (If known) _____		
<p>The participant is: (check all applicable boxes)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a sole proprietor </div> <div> <input type="checkbox"/> a member of a partnership % _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> a corporation </div> <div> <input type="checkbox"/> other: _____ </div> </div> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> French</p>		

Contact Person Information		
<p>If you would like someone other than yourself to provide additional information on your behalf, provide all details in this section.</p>		
Name _____		
Business name _____		
Address _____		
City/Town _____	Prov/Terr _____	Postal Code _____
Telephone _____	Email _____	
<p>Note: If you have a Contact Person, you must complete this section each time you submit this form. The Administration will replace any previous contact person you may have designated with the name you provide here.</p> <p>By providing a contact person, you are authorizing the AgriStability Administration to receive information from and to disclose information to the contact person, and to make changes to your application as directed by the contact person.</p>		
Additional Contact (Accountant, Spouse, and/or other)		
Name _____		Telephone _____
Address _____		
Email _____		

Your Farming Information	
Province/territory of main farmstead	_____
Number of years you have farmed	_____

Production (Crop) Insurance (PI) Information	
<p>Have you been enrolled in the Production (Crop) Insurance Program?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No Production Insurance # _____ </div>	
<p>What name is listed on your Production (Crop) Insurance Agreement?</p> <p>_____</p>	
<p>If you have been previously enrolled under another Name or PI#, please indicate Name or PI# _____</p>	

Other Information	
Will you complete a production cycle on at least one of the commodities you produced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or will you purchase commodities for resale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or will you contract a producer to grow your potato seed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you contract by the: <input type="checkbox"/> acre <input type="checkbox"/> cwt	
Do you or will you have a contract to grow potato seed for another producer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you contract by the: <input type="checkbox"/> acre <input type="checkbox"/> cwt	
Are you the owner/partner/shareholder or manager of another farming operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If so, what is the name of that operation (s)? _____</p>	

