

# PEI AgriStability Program

## 2024 Enrolment Request Form

<b>Participant Identification</b>			<b>Contact Person Information</b>		
<p>Name _____</p> <p>Address _____</p> <p>City/Town _____ Prov/Terr _____ Postal Code _____</p> <p>Telephone _____ Mobile _____</p> <p>Email _____</p> <p>SIN# _____ <b>SIN is required for individuals.</b></p> <p>Business Number: (BN) _____</p> <p>AgriStability PIN # (If known) _____</p> <p>Partnership PIN # (If known) _____</p> <p>The participant is: (check all applicable boxes)</p> <p><input type="checkbox"/> a sole proprietor    <input type="checkbox"/> a member of a partnership    % _____</p> <p><input type="checkbox"/> a corporation    <input type="checkbox"/> other: _____</p> <p>Language:    <input type="checkbox"/> English    <input type="checkbox"/> French</p>			<p>If you would like someone other than yourself to provide additional information on your behalf, provide all details in this section.</p> <p>Name _____</p> <p>Business name _____</p> <p>Address _____</p> <p>City/Town _____ Prov/Terr _____ Postal Code _____</p> <p>Telephone _____ Email _____</p>		
<p><b>Note:</b> 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>					
<b>Your Farming Information</b>			<b>Production (Crop) Insurance (PI) Information</b>		
<p>Province/territory of main farmstead _____</p> <p>Number of years you have farmed _____</p>			<p>Have you been enrolled in the Production (Crop) Insurance Program?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Production Insurance # _____</p> <p>What name is listed on your Production (Crop) Insurance Agreement?</p> <p>If you have been previously enrolled under another Name or PI#, please indicate Name or PI# _____</p>		
<p><b>Other Information</b></p> <p>Will you complete a production cycle on at least one of the commodities you produced? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you or will you purchase commodities for resale? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you or will you contract a producer to grow your potato seed? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, do you contract by the:    <input type="checkbox"/> acre    <input type="checkbox"/> cwt</p> <p>Do you or will you have a contract to grow potato seed for another producer? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, do you contract by the:    <input type="checkbox"/> acre    <input type="checkbox"/> cwt</p> <p>Are you the owner/partner/shareholder or manager of another farming operation? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so, what is the name of that operation (s)? _____</p>					



**Canada**