

2 Date _____ 20____ Receipt # _____ Old Reg #: _____

Locations and farming enterprises information—*continued*

District	Block	Parcel	Acreage in use for Agricultural Purposes	Is the land owned or leased?	Farming Enterprise Number	Type of crop/livestock	Quantity

I, _____ hereby confirm and certify that the information provided is true and correct to the best of my knowledge, and that I am actively involved in a farming enterprise in the Cayman Islands.

The Department of Agriculture retains the right to suspend or cancel this card and/or its associated privileges and benefits if the cardholder is found on subsequent inspection to no longer be actively involved in an agricultural enterprise.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY:

Farm Inspectors Comments: _____

Inspected by (name & signature): _____ Date: _____

DIRECTOR OF AGRICULTURE'S USE ONLY:

Approved
 Not Approved

 Director of Agriculture (or Designate) Date

Notification to Applicant by the Department:

Notification of outcome has been sent to applicant Date: ____/____/1__ Initials: _____
 (Letter of outcome **must** be attached.)