



**Ownership of Assets: Land Information**  
 Proof of ownership or lease agreement or written authorization to use the land for a period of time suitable for the productive/ economic cycle of the enterprise must accompany this application. Attached.

Proof of Ownership (land title)
  Lease Agreement
  Written Authorization

**COMPLIANCE:**  
 I confirm that my farm is compliant with current regulations requirements for the following government departments:  
**(Check all that apply)**

Department of Planning
  Department of Environmental Health
  Department of Agriculture-Animal Welfare & Control Unit

I would like to apply for additional identification card(s) for my farming operation: **(Check all that apply)**

First Additional Card - \$25.00 \_\_\_\_\_  
 Insert Full Name of Individual

Second Additional Card - \$25.00 \_\_\_\_\_  
 Insert Full Name of Individual

I, \_\_\_\_\_ hereby confirm and certify that the information provided is true and correct  
*(insert full name)*  
 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: \_\_\_\_\_

**DIRECTOR OF AGRICULTURE'S USE ONLY:**

Approved \_\_\_\_\_ Director of Agriculture (or Designate) \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Not Approved

**DEPARTMENT OF AGRICULTURE'S USE ONLY:**

Approved CAP1 - Yes / No \_\_\_\_\_ Approved CAP2 – Yes / No \_\_\_\_\_ Approved Other: \_\_\_\_\_

Application Fee (initial) \$ \_\_\_\_\_ Additional Fee \$ \_\_\_\_\_ CIAS Member Yes / No \_\_\_\_\_ Previous FIRP ID # \_\_\_\_\_

**Notification to Applicant by the Department:**

**Notification of outcome has been sent to applicant:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_  
 (Letter of outcome must be attached.)