



Manifest Number \_\_\_\_\_  
Date (yyyy/mm/dd) \_\_\_\_\_  
Time \_\_\_\_\_

**Agent/Purchaser**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**1. Owner/Payee**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Individual CCIA Tag Numbers Attached  Yes  No

Tag/Lot/Pen Number	Head Count	Species	Breed	Gender/Type	Colour	Other ID	Trucking Rate

**Shipper – Only complete if different from Owner/Payee 1**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**2. Owner/Payee**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Individual CCIA Tag Numbers Attached  Yes  No

Tag/Lot/Pen Number	Head Count	Species	Breed	Gender/Type	Colour	Other ID	Trucking Rate

**Shipper – Only complete if different from Owner/Payee 2**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Transporter**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Trailer License Number \_\_\_\_\_ Truck License Number \_\_\_\_\_ Driver Name \_\_\_\_\_

**Receiver – This Section Must be Completed by Receiver**

Name \_\_\_\_\_ Premises ID \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Number of Head Received \_\_\_\_\_  
Comments \_\_\_\_\_

Receiving Agent Name \_\_\_\_\_ Receiver Signature \_\_\_\_\_ Transport Driver Signature \_\_\_\_\_