



## Ontario Corn Fed Beef QA Program Feed Representative Certification

Producer Name: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Feed Company: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Feed Representatives Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that all feed/feed ingredients provided by our company adhere to all regulations of the Ontario Corn Fed Beef Quality Assurance Program.