
Annex 7

Request for Enrollment in the Canadian Ractopamine-Free Pork Certification Program for Commercial Feed Facility

(Note: Example format for establishment use. **This exact wording must be used.**)

Date: _____

Facility Name: _____

CFIA Facility Code (from CFIA Verification Report): _____

Facility Contact: _____

Facility Identification

Physical Address: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Email: _____

This facility has successfully implemented the necessary controls and meets the requirements of the CRFPCP as of _____.
(Insert date)

The feed facility meets the requirements to be considered as a (select the applicable type in the table below):

Checklist to determine Ractopamine-Free Feed Facility Type

Feed Facility Type	Feed Mill	Feed Retail Outlet
Type A (dedicated) Facility		
Type A (dedicated) Facility after clean-out in accordance with Annex 1 on _____ (insert date)		
Type B (mixed) Facility		
Type D (only bagged feed in original packaging)		

(Printed name of Facility Representative)

(Signature of Facility Representative)

(Date)

To be submitted to the **Animal Feed and Veterinary Biologics Division** of the CFIA – Attention Nick Tremblay

- ☐ By email to cfia.afp-paa.acia@inspection.gc.ca
- ☐ By fax (613) 773-7565
- ☐ By post to: **Animal Feed and Veterinary Biologics Division**, 59 Camelot Drive, Ottawa, Ontario K1A 0Y9