



JAMAICA AGRICULTURAL COMMODITIES REGULATORY AUTHORITY

Application for Certificate of Registration

FORM 4

(Regulation (8(1)))

A. GENERAL

1. Name of Applicant: _____
2. Age of Applicant: _____
3. Date of Birth; _____
4. Date of Incorporation/Registration of Company/Business: _____
5. Address of Applicant: _____

6. Mailing address of Applicant: _____
7. Identification (ID): (State form of Government issued ID)

8. Tax Registration Number (TRN) of Applicant: _____
9. Telephone No.: _____ Fax No.: _____
E-mail address: _____
Website address: _____
10. Name of owner of property on which a regulated agricultural commodity is grown, if different from applicant:

11. Address of property on which a regulated agricultural commodity is grown, if different from above:

12. If property is leasehold, state date of lease and period:

13. Acreage of property: _____
14. Acreage of property under a regulated agricultural commodity:

15. Estimated number of a regulated agricultural commodity grown on property:

16. Estimated amount of regulated agricultural commodity produced in crop year immediately preceding the year in which the application is being made:

B. STATEMENT BY APPLICANT

I/We hereby certify that the information contained in this application and any document submitted to the Authority, are true and completed to the best of my/our knowledge and belief.

I/We understand that any misrepresentation contained in the form shall lead to discontinuation of the processing of the application and the revocation of any licence granted and may also lead to prosecution. I/We further understand that the licence, if granted, may be suspended or revoked for breach of any of the terms or conditions stipulated therein.

Signature of Applicant _____

Name and title (please print or type) _____

Dated this day of , 20

FOR OFFICIAL USE ONLY	
Information attached: _____ _____ _____	
Application fee _____ enclosed.	
Comments: _____ _____ _____ _____	
Assessment Officer: _____	_____/____/____ Date