

Declared Value <input checked="" type="radio"/> < \$1600 <input type="radio"/> > \$1600		Method of Payment <input checked="" type="radio"/> Credit Card <input type="radio"/> Cheque / Cash <input type="radio"/> CFIA Account Number: _____	
Courier Name _____		Courier Account Number _____	
Section 8 Attestation			
I attest that all information contained in, or referenced by, this submission is complete and accurate and is not false or misleading.			
Title of Applicant home gardener			
_____ Signature			_____ Date
Print Part I		Send by Email	
<input type="checkbox"/> For CFIA ONLY (This check-box is for use by Canadian Food Inspection Agency personnel only.)			

Parts II to V to be Completed by CFIA