



Quota Transfer Check List

as amended January 30, 2014

Producers must complete the following appropriate Quota Forms and requirements, with every transaction as referred to within EFO's Policies, Procedures & Programs										
Form	Form Name	Transaction								
		QTS Transfer		Quota Transfer With Premises/ Whole Farm Sale		Family Transfer	Same Quota Holders		Change of Ownership Corporation/ Family	
		Seller	Buyer	Seller	Buyer		Permanent Transfer	Temporary Transfer	Deeded Name	Share-holders
	Agreement to Purchase			X	X	X				
QTS 1-14	Sell Bid	X		*						
QTS 2-14	Buy Bid		X							
3-14	Seller's Application			X		X				
4-14	Buyer's Application				X	X				
5-14	Consent of Encumbrancer/ Security Holder - Seller	X		X		X	X	X	X	X
6-14	Quota Release Statement - Seller	X		X		X				
7-14	Application for Relocation/ Amalgamation of Quota						X	X		
	Legal Opinion	X	X	X	X	X	X	X	X	X
	Application Fee - \$100, plus HST	X		X						
	Deed - new quota holders & quota ownership changes		X		X	X			X	

*Subject to Egg & Pullet Policy Section 8[d]

Note:

The Producer must be in good standing with EFO. To be in good standing, a producer must be in conformity with all EFO Regulations, Egg and Pullet Policies, Orders, and Directions, including housing density. Producers must have all the paperwork filed at the EFO office as outlined in the EFO General Regulations; and be up-to-date with all licence fees, levies and any other amounts owing to EFO.



QTS Form 1-14 Sell Bid

as amended October 2023

Quota Holder Number: _____ Egg Quota Pullet Quota

Quota Holder Name: _____

Contact Name: _____
(if different from Quota Holder)

Telephone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

E-mail Address: _____ Fax Number: _____ - _____ - _____

Mailing Address: _____
Address Town Postal Code

Effective Date (date quota will be available to transfer): _____ / _____ / _____
(see current QTS Schedule for earliest eligible effective date) Month Day Year

Targeted 2024 QTS session dates (QTS Schedule available on the EFO website) QT1 February 29 QT2 June 20 QT3 October 31

Number of quota units offering to transfer: _____ from Barn #: _____
(pullets and/or day-old chicks cannot be ordered for this amount)

Price per quota unit: \$391.00 per egg quota unit or \$33.00 per pullet quota unit

Total Sell Bid: \$ _____
(number of units offered X offer price)

The undersigned seller hereby applies to the Board for the transfer of quota through the QTS as described above. Enclosed is the application fee, payable by cheque or by Interac e-transfer to qtspayments@getcracking.ca, in the amount of \$113.00 (inc. HST), together with all required documentation.

Cheque enclosed (made payable to Egg Farmers of Ontario) Interac e-transfer

(Print Name of Quota Holder or Designated Representative) Dated: _____

(Signature of Quota Holder or Designated Representative)

Note: A confirmation receipt of your Sell Bid will be sent to you.

In order to participate in the Ontario Quota Transfer System, the Producer (Applicant) must be in good standing with EFO. To be in good standing, a producer must be in conformity with all EFO Regulations, Egg and Pullet Policies, Orders, and Directions, including housing density. Producers must have all the paperwork filed at the EFO office as outlined in the EFO General Regulations; and be up-to-date with all licence fees, levies and any other amounts owing to EFO.



QTS Form 2-14 Buy Bid

as amended October 2023

Are you an Existing Quota Holder: Yes No

Quota Holder Number: _____ Requesting to Buy: Egg Quota Pullet Quota
(if existing quota holder)

For Barn #: _____ Placement Date: _____ Home Week (for Layer flock) #: _____

For Barn #: _____ Placement Date: _____ Home Week (for Layer flock) #: _____

(Flock placement dates must be after the earliest Effective Date of Purchase on current QTS schedule.)

Quota Holder Name: _____

Telephone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

E-mail Address: _____ Fax Number: _____ - _____ - _____

Mailing Address: _____
Address Town Postal Code

Farm Location - PIN# (Property Identification Number): _____

Targeted 2024 QTS session dates (QTS Schedule available on the EFO website) QT1 February 29 QT2 June 20 QT3 October 31

Number of quota units requesting to buy: _____
(requested units cannot exceed the number of units offered for sale per QT session to a **maximum of 6,670 units of egg quota or 16,670 units of pullet quota**)

Price per quota unit: \$391.00 per egg quota unit or \$33.00 per pullet quota unit

Total Amount Bid (Buy Bid) \$ _____
(number of units bid x bid price per unit)

The undersigned buyer hereby applies to the Board for the transfer of quota through the QTS as described above.

_____ Dated: _____
(Print Name of Quota Holder or Designated Representative)

(Signature of Quota Holder or Designated Representative)

Note: A confirmation receipt of your Buy Bid will be sent to you.

In order to acquire quota through the Ontario Quota Transfer System, the Producer (Applicant) must be in good standing with EFO. To be in good standing, a producer must be in conformity with all EFO Regulations, Egg and Pullet Policies, Orders, and Directions, including housing density. Producers must have all the paperwork filed at the EFO office as outlined in the EFO General Regulations; and be up-to-date with all licence fees, levies and any other amounts owing to EFO.



Form 3-14 Seller's Application to Transfer Quota

TO: EGG FARMERS OF ONTARIO (the Board)

FROM: _____
(Name of Seller)

(Address of Seller)

Telephone # _____ Fax # _____ Email _____

This application is for:

1. The transfer of quota,

with registered premises

without registered premises – Family Members

2. The transfer of _____ units of Quota # _____ (Egg Pullet) BARN # _____

3. Currently fixed and allotted to registered premises located at:

Lot: _____ Concession: _____ Township: _____ County: _____

4. To _____ Quota # (if a quota holder) _____ BARN # _____
Name of Buyer

5. Effective date requested: _____ Date of Disposal: _____

A copy of the purchase agreement must accompany this application.

Dated Print Name of Seller Signature of Seller

Dated Print Name of Seller Signature of Seller

The above has full authority to bind the quota holder in all dealings with the Board including the right to make an application to the Board for a transfer of all or part of Quota # _____. This authorization remains in effect until a revocation of same has been filed with the Board.



Form 4-14 Buyer's Application to Transfer Quota

TO: EGG FARMERS OF ONTARIO (the Board)

FROM: _____
(Name of Buyer)

(Address of Buyer)

Telephone # _____ Fax # _____ Email _____

This application is for:

1. The Purchase of quota,

with registered premises

without registered premises – Family Members

2. the transfer of _____ units of Quota # _____ (Egg Pullet) BARN # _____

3. from _____
Name of Seller

4. to the undersigned buyer, existing quota # _____, (if any) BARN # _____

5. in respect of the registered premises owned by the Buyer at:

Lot: _____ Concession: _____ Township: _____ County: _____

5. Effective date requested: _____ Date of Placement: _____

Dated Print Name of Buyer Signature of Buyer

Dated Print Name of Buyer Signature of Buyer



Form 5-14 Consent of Encumbrancer or Security Holder

(To be completed on Security Holder's letterhead)

To: EGG FARMERS OF ONTARIO (the Board)

From: _____
Encumbrancer/Security Holder

The undersigned is an encumbrancer of the registered premises in respect of

Egg/Pullet Quota No. _____, held by _____

located at Lot _____, Conc. _____, Township _____,

County of _____, as mortgage or charge or _____, which exists at the
(other - specify)
time of this application.

The undersigned hereby consents to the transfer of _____, units of EGG/PULLET Quota No. _____,
in respect of the above registered premises.

Dated: _____

(Print Name of Encumbrancer)

(Signature of Encumbrancer or its Authorized Representative)

(Address)

(Phone Number)

(Email Address)



Form 6-14 Quota Release Statement

To: EGG FARMERS OF ONTARIO (the Board)

The undersigned hereby RELINQUISHES all rights to _____ units of Egg Pullet

Quota allotted to Quota# _____, for the marketing of eggs, possession of fowl, production of eggs or pullets allotted by Egg Farmers of Ontario under Quota No. _____ in respect of the registered premises described as Lot _____, Concession _____, Township _____, County _____ in the Province of Ontario.

The undersigned clearly understands that upon formal approval of the Board, Quota No. _____ will be reduced or cancelled in accordance with the foregoing.

In the event of 100% quota cancellation, the undersigned shall not at any time in the future possess any fowl, egg or pullet, greater than 100 birds without a quota.

Dated: _____

Print Name of Seller

Signature of Seller or its Authorized Representative
If a corporation, I have authority to bind the corporation.



Form 7-14 Application for Relocation/Amalgamation of Quota

Egg Pullet Quota #: _____

Quota Holder Name: _____ (Name)

Is applying for a:

Permanent Relocation Temporary Relocation Amalgamation of Quota

of _____ # of units from Barn #: _____

To Quota #: _____, Barn #: _____ at the registered premises:

Lot: _____ Concession: _____ Township: _____

County: _____ Effective date: _____

Relocation/Amalgamation Information:

Effective date of relocation/amalgamation: _____

Disposal date of hens at original location: _____

Date hens expected to be housed at new location: _____

If temporary, expiry date at new location: _____

Anticipated date hens are to be housed back at original location: _____

Reason for Application: _____

I/We hereby declare that the information given is true and correct to the best of my/our knowledge and I/we further understand that I/we may not place hens/pullets in the new facility until I/we have received written permission from Egg Farmers of Ontario to do so.

Date: _____

Applicant's Signature: _____

Note: Form 5-14 is required if there is an encumbrancer.



Legal Opinion

as amended September 2021

(To be issued by a Solicitor on letterhead)

Egg Farmers of Ontario
7195 Millcreek Drive
Mississauga, ON L5N 4H1

Dear Sir:

RE QUOTA HOLDER NAME: _____

Section A

Quota #:		
Registered Premises located at:		
Legal Description:		
Lot #:	Plan/Concession #:	Township:
Pin #:		
Municipal Address:		
Registered Ownership as per Deed/Transfer:		
Designated Representative(s) having authorization to sign for Quota Transfers:		

We are the solicitors for the above named quota holder and confirm that the title to the Registered Premises as noted above is registered in the name of the Quota Holder as noted above.

Section B – Partners or Shareholders of a quota holder

The names of any partners or shareholders, if the quota holder is a partnership or corporation, are listed below. (In the event that a partner or shareholder of a quota holder is a partnership or corporation, please list each partnership or corporation separately, identifying its respective partners and/or shareholders.)

Section C – To be completed when there has been a change in ownership of the registered premises.

A Transfer of the Registered Premises in favour of the quota holder was registered on the _____ day of _____, 20__ as instrument no. _____.

Yours very truly,

*In the case of multiple transfers, the Quota Holder may request a waiver of the requirement for the solicitors' opinion which may be granted where EFO is satisfied it has up-to-date information on a party.



Form No. GR-EPPI-3.9 Replacement Layer Order Report as amended July 2018

[Every egg producer shall complete, sign, certify as true and accurate and file with the Board at its office a Replacement Layer Order Report in Form GR-EPPI-3.9, within thirty (30) business days prior to the placement of the day old chicks into the pullet facility.]

EGG PRODUCER INFORMATION

EGG PRODUCER'S NAME _____ QUOTA NO. _____

PLACEMENT AND BARN INFORMATION

LAYER BARN NO.	AGE AT PLACEMENT (WEEKS)
DATE OF DELIVERY MM/DD/YY	BARN CAPACITY AT PLACEMENT
DESIGNATED HOME WEEK MM/DD/YY	

PRODUCTION ALLOTMENT WORKSHEET

Production Quota:	
Market Growth Allowance:	
[Multiple flock producers only] Less: Estimated inventory at time of placement (not including programs):	
Total Production Allotment [PA]: [Total PA is used to calculate % based programs]	

TOTAL PLACEMENT WORKSHEET

Total Production Allotment:	
1% Mortality [Single flock producers]:	
*1% Home Week:	
*Flock Incentive: July 1% or Jan/Feb 2%:	
*Layer Leasing Birds [application attached]:	
*Quota Credits:	
Other:	
TOTAL PLACEMENT:	

*Programs must be approved by Board prior to placement

HATCHERY AND PULLET GROWER INFORMATION

HATCHERY INFORMATION				PULLET GROWER INFORMATION		
HATCH DATE	HATCHERY	BIRD COLOUR	AMOUNT ORDERED	PULLET GROWER	GROWER QUOTA NUMBER	PROV.
MM/DD/YY						
MM/DD/YY						
MM/DD/YY						
MM/DD/YY						

The undersigned quota holder certifies that the information on this form is true and accurate in all respects and hereby consents to EFO, or its representatives, to verify any information submitted. The undersigned acknowledges and agrees that any compensation received by either the egg producer or the pullet grower as the owner of birds for bird losses due to Avian Influenza or Salmonella Enteritidis shall be shared on an equitable basis between the pullet grower and the egg producer.

Egg Producer's Signature _____ Date _____

INSTRUCTIONS FOR USE OF REPORT

1. USE ONE REPORT FOR EACH FLOCK.
2. THIS REPORT TO BE COMPLETED BY THE PRODUCER AT THE TIME THE BIRDS ARE ORDERED.
3. IF LEASING BIRDS, LAYER LEASING PROGRAM APPLICATION MUST BE ATTACHED.
4. UPON RECEIPT BY THE BOARD, ALL COMPLETE FORMS WILL BE PROCESSED AND CONFIRMATION OF RECEIPT WILL BE ISSUED TO THE EGG PRODUCER, HATCHERY AND PULLET GROWER.
5. ALL AREAS OF THIS REPORT MUST BE COMPLETED; INCOMPLETE FORMS WILL BE RETURNED TO THE EGG PRODUCER AND WILL NOT BE PROCESSED.

Made under the authority of Egg Farmers of Ontario's General Regulations
Respecting the Production and Marketing of Eggs and Pullets

Office Use Only

Order Number:	Date Received:	Quota Manager Initials:
---------------	----------------	-------------------------



Form No. GR-PGI-3.10 Pullet Grower Day-Old Report *as amended February 2017*

[Every pullet grower shall complete, sign, certify as true and accurate and file with the Board at its office a Pullet Grower Day-Old Report in Form GR-PGI-3.10, within ten (10) business days following the last placement.]

PULLET GROWER INFORMATION

PULLET GROWER'S NAME _____ QUOTA NO. _____

DELIVERY OF PULLETS

HATCH DATE	NAME OF HATCHERY	NO. OF PULLETS	BIRD COLOUR	BIRD BREED	PULLET GROWER BARN NO.
MM/DD/YY					
MM/DD/YY					
MM/DD/YY					
MM/DD/YY					

TOTAL NUMBER OF PULLETS PLACED _____

[as per Hatchery Receipt, including extras, attach all delivery slips]

RECIPIENT OF PULLETS AT 19 WEEKS (EGG PRODUCER)

HATCH DATE	EGG PRODUCER QUOTA NO.	EGG PRODUCER QUOTA NAME	NO. OF PULLETS	BIRD COLOUR
MM/DD/YY				
MM/DD/YY				
MM/DD/YY				
MM/DD/YY				

The undersigned pullet grower certifies that the information on this form is true and accurate in all respects and hereby consents to EFO, or its representatives, to verify any information submitted.

Pullet Grower's Signature _____ Date _____

INSTRUCTIONS FOR USE OF REPORT

1. THIS REPORT TO BE COMPLETED BY THE PULLET GROWER WITHIN TEN (10) BUSINESS DAYS FOLLOWING THE LAST PLACEMENT.
2. UPON RECEIPT BY THE BOARD, ALL COMPLETED FORMS WILL BE PROCESSED AND CONFIRMATION OF RECEIPT WILL BE ISSUED TO THE PULLET GROWER AND EGG PRODUCER.
3. ALL RECIPIENTS OF PULLETS AT 19 WEEKS, INCLUDING NON-QUOTA HOLDERS, MUST BE REPORTED FOR ALL RESPECTIVE HATCH DATES.
4. ALL AREAS OF THIS REPORT MUST BE COMPLETED; INCOMPLETE FORMS WILL BE RETURNED TO THE PULLET GROWER AND WILL NOT BE PROCESSED.

Made under the authority of Egg Farmers of Ontario's General Regulations
Respecting the Production and Marketing of Eggs and Pullets



Form No. GR-PGI-3.11 Pullet Grower 19 Week-Old Pullet Report

as amended July 2016

Every pullet grower shall complete, certify as true and accurate, and file with the Board at its office, a 19 Week Old Pullet Report in Form GR-PGI-3.11, within ten (10) business days following the last date of the transfer of pullets from the pullet facility.

Pullet Quota Number: _____ Date: _____

Pullet Grower's Name: _____

Phone Number: _____ Cell Number: _____ Email: _____

Total Number Grown: _____ Age When Shipped: _____

Hatch Date	Pick Up Date	Recipient Quota No. (Layer)	Name of Quota Holder* (Layer)	No. of Pullets	Bird Colour	Bird Type/Breed

Hatchery/Dealer Buyback

Hatch Date	Pick Up Date	Name of Hatchery/Dealer	No. of Pullets	Bird Colour	Bird Type/Breed

***If the recipient of the pullets is a non-quota holder please identify the non-quota holder's name, home address, 911 address, phone number and the number of pullets sold. [List may be attached.]**

Total Number (Attach trucker's receipts): _____ Next (day old) Placement Date: _____

Have all pullets associated to above hatch dates been shipped? Yes No

If no, what is expected ship date?: _____

Comments: _____

The undersigned pullet grower certifies all of the above information is true and accurate in all respects.

Pullet Grower's Signature: _____

Made under the authority of Egg Farmers of Ontario's General Regulations
Respecting the Production and Marketing of Eggs and Pullets



Authorization and Direction

as amended June 2023

To: Egg Farmers of Ontario, its Officers, Directors and Employees

From: _____
Name of Quota Holder

Egg/Pullet Quota/Licence #

Address: _____

1. You are hereby authorized and directed to release the following Information:
 - (i) Any and all information respecting the undersigned’s quota, registered premises, egg production, and marketings.
 - (ii) Start Clean-Stay Clean™ rating.
 - (iii) Animal Care rating including Code Compliance, cage measurements.
 - (iv) Salmonella (SE) test results.

to:
Name of Company or individual:

(i) _____

(ii) _____

2. The above named are hereby authorized to submit documentation on behalf of the undersigned on the EFOOnline portal.
3. This Authorization and Direction constitutes the consent of the undersigned under any applicable privacy law or policy.
4. This Authorization and Direction is irrevocable until written notice of same from the undersigned is received at the offices of EFO.

Dated at _____ this ____ day of _____, 20____.

Name of Quota Holder:	Witness:
_____	_____

Authorized
Signature: _____