



FARM REGISTRATION AND FARM ORGANIZATIONS FUNDING ACT

APPLICATION FOR ORDER THAT PAYMENT AND/OR REGISTRATION BE WAIVED

To: The Agriculture, Food and Rural Affairs Appeal Tribunal

1. Applicant's Information:

a) Name(s) in full of the applicant(s) (if Ontario Corporation, include corporation number)

b) Complete Mailing Address including Postal Code of the applicant(s)

c) Telephone No. of applicant(s) (if applicable) _____

d) Fax No. or email address of applicant(s) (if applicable)

e) Name and telephone No. of applicant(s) representative (if applicable)

2. Exemption is requested from:

(a) Registering []

(b) Making payment to an accredited farm organization []

(c) Both []

NOTE: If no boxes are checked, you will be deemed to be applying for both.

3. Have you previously applied for a religious exemption?

Yes No

If yes, please provide address and/or year when exemption was applied for:

4. The grounds upon which the applicant seeks exemption - state the religious convictions or beliefs for objecting to registering and/or making payment to an accredited farm organization. *(Continued on next page, attach additional pages if necessary.)*

Note: If you are granted a religious exemption, you must file a copy of your religious exemption letter with AgriCorp, as required under the *Farm Registration and Farm Organizations Funding Act*, if your Farm Business has an annual gross farm income which equals or exceeds \$7,000 as most recently reported to the Canada Revenue Agency for income tax purposes.

By signing this form, you acknowledge and confirm the following:

You or your Farm Business has an annual gross farm income of at least \$7,000 as most recently reported to the Canada Revenue Agency for income tax purposes.

DATED at _____ this _____ day of _____, 20 _____
(City/Township)

Signature(s) of applicant(s) (or shareholder, member or partner if the applicant is a corporation or partnership)

“NOTE: The Applicant(s) must date and sign the application before the Bishop dates and signs his affirmation.”

Bishop Affirmation

I hereby affirm that the applicant(s) whose name appears on this form is a member of the church over which I hold charge, and they share my beliefs as presented at the Tribunal Hearing.

Name of Bishop (Print)

Date

Signature

Once both the applicant(s) and the Bishop have signed, send by mail, fax or email to:

**Agriculture, Food and Rural Affairs Appeal Tribunal
1 Stone Road West, 2nd Floor NW, Guelph, ON N1G 4Y2
Tel: (519) 826-3433 / Fax: (519) 826-4232
Email: AFRAAT@ontario.ca**

Personal information contained on this form and any other document submitted in support of this application is collected under the authority of Section 22 of the *Farm Registration and Farm Organizations Funding Act, 1993, S.O. 1993, c.* and will be used to determine eligibility for an order waiving payment and /or filing of the registration form.

Ce document est également disponible en français. Veuillez contacter le tribunal au 519 826-3433 ou par courriel à AFRAAT@ontario.ca pour demander une copie en français.

Revised March 2025