



Ontario
Trucking
Association

Manifest Number _____
Date (yyyy/mm/dd) _____
Time _____

Agent/Purchaser

Name			Premises ID
Address			
City/Town	Province	Postal Code	Telephone Number

1. Owner/Payee

Name			Premises ID				
Address							
City/Town	Province	Postal Code	Telephone Number				
Individual CCIA Tag Numbers Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Tag/Lot/Pen Number	Head Count	Species	Breed	Gender/Type	Colour	Other ID	Trucking Rate

Shipper – Only complete if different from Owner/Payee 1

Name			Premises ID
Address			
City/Town	Province	Postal Code	Telephone Number

2. Owner/Payee

Name			Premises ID				
Address							
City/Town	Province	Postal Code	Telephone Number				
Individual CCIA Tag Numbers Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Tag/Lot/Pen Number	Head Count	Species	Breed	Gender/Type	Colour	Other ID	Trucking Rate

Shipper – Only complete if different from Owner/Payee 2

Name			Premises ID
Address			
City/Town	Province	Postal Code	Telephone Number

Transporter

Name			
Address			
City/Town	Province	Postal Code	Telephone Number
Trailer License Number	Truck License Number	Driver Name	

Receiver – This Section Must be Completed by Receiver

Name			Premises ID
Address			
City/Town	Province	Postal Code	Telephone Number
Date Received	Time Received	Number of Head Received	
Comments			

Receiving Agent Name	Receiver Signature	Transport Driver Signature
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