SCHEDULE

APPLICATION FOR PERMIT FOR PURCHASE AND USE OF GOAL DURING____

Applicant			
Name			
Mailing add	ress		
Phone			
Location of	onion production(Section/Township/Range)		
	(Section/Township/Range)		
Total amou	nt produced (area)		
Stock of Go	al on hand (in growers hands or available through prior commitments)		
Amount inte	ended to purchase		
I hereby dec	lare:		
(a)	that the above information accurately represents my situation		
(b)	(b) that purchased Goal is intended for use only in the growing season and as indicated above		
(c)	that I attended a Goal training and awareness session sponsored by Manitoba Agriculture		
(d)	that I accept full responsibility for any damage caused by the use of this product		
(e)	(e) that I will follow the required safe handling procedures and fully inform any individuals		
	who may be exposed to the product through involvement in the handling or application of		
	the product.		
	Signature		
	Date		
Office Use C	nly		
	quantity requirement verified		
	attendance at training session verified		
	permit issued		
	Number		
	date		
	purchase confirmed by returned permit copy		

Permit No. ______PERMIT FOR USE OF GOAL

This permit issued		at Winnipeg,
Manitoba authorizes	of	(mailing address)
	(grower)	(mailing address)
Manitoba to purchase and use	(Quantit	Goal for use on commercial onions grown
	(guanar	y,
on		
	(Section/Tov	vnship/Range)
	Autho	orized by
	Date	
To be completed by dealer		
This certifies that the above grower	purchased	_
Goal on		
	Signa	ture of dealer
		r's licence number
	Date	of purchase
To be completed by purchaser		
To se completed by purchaser		
This certifies that I received the aborevious purchase, and will make r		on the date indicated and that I have not made any es of Goal in (year)
	Signa	ture of purchaser

Copy 1-grower; Copy 2-dealer; Copy 3-return to Manitoba Agriculture; Copy 4-file copy