

**APPLICATION FOR PERMIT TO BURN CROP RESIDUE**

Complete this form and email to cropresidueburning@gov.mb.ca; fax to 204-867-6578, submit to a Manitoba Agriculture office, or mail to Manitoba Agriculture, PO Box 1286, Minnedosa, MB, R0J 1E0
For information, call 204-745-5646

Name of Applicant: _____ **Farm Name:** _____

Address: _____

Phone: _____ **E-Mail:** _____ **Fax:** _____

I would like to receive my permit by: E-Mail Fax Pick-up at GO Office (specify) _____

Field 1:

Legal Description:	Acres to burn:	RM:
Crop Type	Residue is: <input type="checkbox"/> Swathed <input type="checkbox"/> Spread <input type="checkbox"/> Piled <input type="checkbox"/> Other:	
Application is: <input type="checkbox"/> Owner <input type="checkbox"/> Renter		
Reason for permit (list possible hazards):		
Require wind blowing FROM: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Any Direction		

Field 2:

Legal Description:	Acres to burn:	RM:
Crop Type	Residue is: <input type="checkbox"/> Swathed <input type="checkbox"/> Spread <input type="checkbox"/> Piled <input type="checkbox"/> Other:	
Application is: <input type="checkbox"/> Owner <input type="checkbox"/> Renter		
Reason for permit (list possible hazards):		
Require wind blowing FROM: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Any Direction		

Field 3:

Legal Description:	Acres to burn:	RM:
Crop Type	Residue is: <input type="checkbox"/> Swathed <input type="checkbox"/> Spread <input type="checkbox"/> Piled <input type="checkbox"/> Other:	
Application is: <input type="checkbox"/> Owner <input type="checkbox"/> Renter		
Reason for permit (list possible hazards):		
Require wind blowing FROM: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Any Direction		

COMMENTS:

The collection of your personal information to create your profile is necessary for ACCESS MANITOBA's Participating Programs to provide services and programs to you and to collaborate and co-ordinate when providing services and programs to you. Your personal information is being collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* (Manitoba), ("FIPPA") as it is necessary for and directly related to services and programs delivered by the Participating Programs. Manitoba limits the personal information it collects about you to the minimum amount required by such Participating Programs.

Your personal information is protected under FIPPA and, in the case of any personal health information collected for your profile, *The Personal Health Information Act* (Manitoba) (PHIA). Manitoba cannot use or disclose your information for other purposes unless you consent or Manitoba is authorized to do so by FIPPA or PHIA. If you have any questions, contact the Information and Privacy Policy Secretariat, 130 – 200 Vaughan Street, Winnipeg, Manitoba R3C 1T5; 1-204-945-1252.

I give consent to have an Access Manitoba profile created for me

Applicant Signature

Date

Time

Permits are issued daily on a first-come, first-served basis.

Only a limited number of permits are issued per day. **For more information, call 204-745-5646.**