



LIVESTOCK  
ASSURANCE  
FUNDS TRIBUNAL

Livestock Identification and Commerce Act  
**LIVESTOCK DEALER  
ASSURANCE FUNDS  
REVOCATION OF WAIVER FORM**

**Livestock Dealer Information**

Full Legal Name: \_\_\_\_\_

*If a company or partnership*

Authorized signing authority: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**REVOCATION OF WAIVER**

The above-named livestock dealer filed an *Assurance Funds Waiver Form* with LIS and waived the ability to claim against the following assurance fund(s):

Livestock Assurance Fund

Livestock Dealers' Assurance Fund

The above-named livestock dealer hereby revokes the Waiver filed with respect to the following fund(s):

Livestock Assurance Fund

Livestock Dealers' Assurance Fund

The above-named participant understands and agrees that:

- this Revocation of Waiver shall be effective on the date the signed Revocation of Waiver is received by Livestock Identification Services Ltd.; and
- If the above-named livestock dealer makes a claim for a non-payment that occurs in the first calendar year after revoking a Waiver, the maximum recovery is either 25%, 50% or 75% of the amount of the livestock dealer would otherwise receive depending on when the claim is made in that first calendar year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Livestock Dealer

**Mail this Revocation of Waiver Form to:**

Livestock Identification Services Ltd. #109, 264 Midpark Way SE Calgary, AB T2X 1J6