FARMS

FOREIGN AGRICULTURAL RESOURCE MANAGEMENT SERVICES

SINCE 1987

Dear Employer,

It is F.A.R.M.S. understanding that you would like to opt out of working with a foreign country "Dependent Entity" such as but not limited to, a Ministry of Labour (MOL) or a Non-Government Organization (NGO) and this will apply only to the Ag Stream program. You would however like to have the availability to access the services of F.A.R.M.S. and CanAg Travel Services and fill that "Dependent Entity" role at your farm level.

To engage in this measure F.A.R.M.S. and CanAg Travel Services will require an Attestation signed by the company owner or a person who holds authority to sign on behalf of the company. The Attestation will provide the affirmation that someone representing your farm will take full responsibility for communicating all pertinent information to a worker or workers.

It is to be understood that F.A.R.M.S. and CanAg Travel Services will not be held responsible for information not shared with a worker or workers in a timely manner.

It is to be understood that F.A.R.M.S. and CanAg Travel Services will not be held responsible for empty seats, in such cases, the employer is responsible for full payment or penalty if the seat is not reuseable. The outcome can only be viewed on a case-by-case basis due to flight logistics.

For your convenience a sample Attestation is provided below.

Kindly direct your questions to Attention Berenice at farmsaccess@farms-canag.com
or canagaccess@farms-canag.com

ATTESTATION TO COMMUNICATE WITH A FOREIGN WORKER(S)

I, ‘name of person with signing authority’ ‘of ‘name of business’, make this Attestation to provide the affirmation that ’name of individual’ will take full responsibility to communicate all pertinent information to a worker or workers in relation to the following:

1. Document readiness to travel to include biometrics
2. Flight, date and travel details as provided at the time of booking
3. Any change to a flight date
4. Report to CanAg Travel with knowledge of a worker who will not travel on the day of flight
5. Confirm that all worker name spellings provided are exactly as they appear in the worker passport. The employer will assume responsibility for loss or penalty of the airfare if the worker is not accepted by the airline to travel.
6. Confirm this agreement applies to the countries F.A.R.M.S. and CanAg Travel currently work with
7. Confirm I must provide an Attestation with every LMIA sent to F.A.R.M.S. when someone at the farm will communicate with the workers
8. Confirm I must provide an after-hours contact cell number and arrange to be or have someone present to receive the workers when they arrive at the designated pickup location.

Dated _____day of _____2026.

_____ _____

Witness signature Employer signature or person with authority

_____ _____

Witness print name Employer print name or person with authority

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