

Pursuant to section 5 of the Regulation for Construction Projects made under the *Occupational Health and Safety Act*, “Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there.”

Fields marked with an asterisk (\*) are mandatory.

**Nature of Business (check one) \***

Individual       Sole Proprietor       Corporation       Partnership       Joint Venture

**Individual (Legal Name)**

Last Name	First Name	Middle Initial
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**Sole Proprietor or Corporation Name**

Operating Name	Business Number
Legal Name	Corporation Number

**Partnership Partner or Joint Venture Party 1**

Corporation       Individual

**Individual Legal Name**

Last Name	First Name	Middle Initial
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**Corporation Information**

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

**Partnership Partner or Joint Venture Party 2**

Corporation       Individual

**Individual Legal Name**

Last Name	First Name	Middle Initial
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**Corporation Information**

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

**Business Address**

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
PO Box	Rural Route	City/Town *	Province *	Postal Code *
Telephone Number *	Fax Number	Email Address (if available)		

**Business Registration Information**

Harmonized Sales Tax Number	WSIB Account Number
Do you have a clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Number

**Project Information**

Average number of employees employed by your firm on the project \*  1 - 5  6 - 19  20 - 49  50+

**Project Location (Optional)**

Does the project have a street address?  Yes  No

**Location - street address**

Unit Number	Street Number	Street Name	Street Type	Street Direction
City/Town	Province ON	Postal Code	Workplace Telephone Number	

**Location - not a street address**

Directions to the workplace:

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Lot and plan

**Acknowledgement \***

I confirm that I am authorized to complete this form.  
I hereby certify that the information provided is true and correct to the best of my knowledge.

Last name of person completing this form *	First name of the person completing this form *
Title *	Date (yyyy/mm/dd) *
Email Address *	