

Fields marked with an asterisk (*) are mandatory.

Ministry of Labour

Registration of Constructors and Employers Engaged in Construction

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."

Nature of E	Business (check	one) *							
Individual	al Sole Proprietor		✓ Corporation	n Partnership		Joint Venture			
Sole Propr	ietor or Corpora	ition Name *				14	1. 1.1.		
Operating Na			•				Busines	s Number	
Home Lun	nber Inc.								
Legal Name				Corporation				ition Number	
Home Lun	nber Inc.								
Business A	Address								
Unit Number	Street Number * 714	Street Name Birchmoun			······································	Street Road	Туре	Street Direction	
РО Вох	Rural Route	City/Town * Toronto				Postal Code * M1K 1R4			
Telephone Number * 416 759-4441		Fax Number 416 759-7438		Email Address (if available) dfrankfort@homelumber.ca					
Business I	Registration Info	rmation			1 1				
Harmonized 12998 714		WSIB Account Number 6923712		WSIB Rate Group Number					
Do you have a clearance certificate?			es No	Certificate Number					
Project Inf	ormation				- 10 m				
Average nun	nber of employees	employed by yo	our firm on the projec	t* √ 1-5	[]6 - 19 [20 - 49		50+	
Project Loc	ation			_		_			
Does the pro	ject have a street	address?	☐ Yes 🗸	No					
Location - n	ot a street addres the workplace:			· · · · · · · · · · · · · · · · · · ·					
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 *	
Frankfort	Derek	
Title *	Date (yyyy/mm/dd) *	
Manager	2019/02/06	
Email Address * dfrankfort@homelumber.ca		