

Ministry of Municipal Affairs and Housing

Updating Registration Information - On Site Sewage System Installer

This information is required under Article 2.18.3.7 of the Building Code.

1) Applicant Information												
Name of Firm					BCIN							
2) Change of address – complete only if address has changed												
Business Address												
Building Number	Street Name				Lot/con							
City			Province	Postal Code	Country							
Telephone Fax Number		(optional)	Cell Number (optional)									
E-mail Address (optional)												
3) Change in principals												
Complete Schedule A to add new partner, director or officer. To remove partner, director or officer who is currently registered with this firm, indicate name and role:												
Name					□Partner □ Director □ Officer							
Name		□Partner □	□Partner □ Director □ Officer									
Name				□Partner □ Director □ Officer								
A) Qualified Companies a Information												
4) Qualified Supervisor Information Indicate the name and BCIN for each qualified person you wish to add to or remove from this firm's registration.												
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Name			☐ Add ☐ Remov	/e	-							
Name			☐ Add ☐ Remov	/e	BCIN							
Name			☐ Add ☐ Remov	/e	BCIN							
5) Fee - \$0.00												
Fee is not applicable for updating registration information.												
E) Cianoturo												
5) Signature												
I certify that, a) I am the applicant or an authorized representative of the applicant for registration, and b) The information contained in this application and Schedule A (as required) is true to the best of my knowledge.												
Name:			Title:									
Signature:			Date:		(dd/mm/yyyy)							

Information contained in this schedule is collected under the authority of Subsection 2.18. of the Building Code and will be used for the purpose of administering and enforcing the requirements of the *Building Code Act, 1992* and the Building Code respecting the qualifications for persons engaged in the business of providing design activities to the public. Questions about the collection of information may be addressed to the Manager, Code Interpretation, Registration and Training, Building and Development Branch, Ministry of Municipal Affairs and Housing, 777 Bay St., 2nd Floor, Toronto, ON M5G 2E5 (416) 585-6666.

This form is subject to change. Refer to www.obc.mah.gov.on.ca for latest edition.



Schedule A Principals of the Applicant

(to be attached with the On Site Sewage System Installer Updating Registration Information)

This schedule must be completed for all principals of the applicant. Use more than one form if necessary. See the instructions for completing the On Site Sewage System Installer Application for Registration form for more information on completing this schedule.

1) Name of Applicant (as in section 1 on the On Site Sewage System Installer Application for Registration)													
2) Principal(s) of the Applicant Information – Complete a section for each principal of the applicant (i.e., all partners, directors or officers, as the case may be).													
directors of officers, as the case may be j.													
T													
Last Name				First Name				Middle Initial					
Status: □ Director □ Officer □ Partner BCIN (if available)													
Residence Address													
Building Number	Street Name					Unit Number	Lot/con						
City	Province			Postal Code Cou			l ntrv						
				T dotal dodd									
Residential Mailing		ent from above	e)				1	1					
Building Number	Street Name						Unit Number	Lot/con					
City			Province		Postal Code Country			L					
Last Name				First Name				Middle Initial					
Lactivatio													
Status: ☐ Directo		☐ Partne	er	BCIN (if	available)								
Residential Address								1.4/222					
Building Number	Street Name Unit Nui							Lot/con					
City			Province		Postal Code	Country							
Desidential Mailine	۸ - ا - ا - ا - ا - ا - ا - ا - ا - ا -												
Residential Mailing / Building Number	Street Name	ent from above	?)				Unit Number	Lot/con					
City			Postal Code		Country								
Last Name		First Name				Middle Initial							
Ctatus	D0#:	BCIN (if available)											
Status: Direct Residential Address		r □ Partn	er	BCIN (II	avaliable)								
Building Number	Street Name						Unit	Lot/con					
					T		Number						
City			Province		Postal Code	Cou	ntry						
Residential Mailing Address (if different from above)													
								Lot/con					
0'1				D	Destal Octo		l l						
City	Province			Postal Co	Postal Code		Country						