

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

1) Applicant Information

Name of Firm	BCIN
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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	<input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer
Name	<input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer
Name	<input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer

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.

Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCIN
Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCIN
Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCIN

5) Fee - \$0.00

Fee is not applicable for updating registration information.

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.



(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).

Last Name		First Name			Middle Initial
Status: <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Partner		BCIN (if available)			
Residence Address					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	
Residential Mailing Address (if different from above)					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	

Last Name		First Name			Middle Initial
Status: <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Partner		BCIN (if available)			
Residential Address					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	
Residential Mailing Address (if different from above)					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	

Last Name		First Name			Middle Initial
Status: <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Partner		BCIN (if available)			
Residential Address					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	
Residential Mailing Address (if different from above)					
Building Number	Street Name			Unit Number	Lot/con
City		Province	Postal Code	Country	