

On Site Sewage System Installer Application for Registration

To be used by persons engaged in the business of constructing on site, installing, repairing, servicing, cleaning or emptying sewage systems. [Section 2.18 of the Building Code]

1) Applicant Information				
Applicant is: <input type="checkbox"/> a corporation; or <input type="checkbox"/> a partnership; or <input type="checkbox"/> a sole proprietorship. If corporation or partnership, complete schedule A.				
Name				
Full Address				
Building Number	Street Name	Unit Number	Lot/con	
City		Province	Postal Code	Country
Telephone ()		Fax Number (optional) ()		Cell Number (optional) ()
E-mail Address (optional)				

2) Correspondence Options
Official Notices required under the Building Code will be sent by regular mail to the applicant's address.
The applicant wishes to receive elective correspondence by: <input type="checkbox"/> Letter mail; or <input type="checkbox"/> E-mail (please ensure this field is completed above)

3) Qualified Supervisor Information – attach an additional page if necessary	
The following is/are the person(s) who:	
a) have the qualifications set out in clause 2.18.3.2.(1)(a), and	
b) will supervise the construction on site, installation, repair, servicing, cleaning or emptying of sewage systems to be carried out by the applicant or registered person	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

4) Fee – \$50.00 for registration of the firm		
Payment Option 1 – Credit Card: Visa or Mastercard or AMEX (circle one)	Payment Option 2 – Certified Cheque or Money Order	
Name of Cardholder	Payable to: Minister of Finance Mail to: Registration Unit Building and Development Branch Ministry of Municipal Affairs and Housing 777 Bay St. 2 nd Floor Toronto, ON M5G 2E5 Fax application to (416) 585-7531	
Card Number		Expiry
Amount \$50.00		Signature of Cardholder

5) Acknowledgement – Conditions of Registration
The Applicant acknowledges that registration is subject to the conditions listed in Sentence 2.18.3.7(1) of the Building Code and agrees to comply with these conditions.

6) Signature	
a) The information contained in this application is true and correct.	
b) I am the applicant or, where the applicant is a corporation or partnership, I am a person who has authority to bind the applicant.	
Name: _____	Title: _____
Signature: _____	Date: _____ (dd/mm/yyyy)

Personal information contained in this form and schedule is collected under the authority of Section 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. Questions about the collection of personal 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 Flr., Toronto, ON M5G 2E5 (416) 585-6666.

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

On site Sewage System Installer Registration Application 3020E (11/06)



Schedule A Principals of the Applicant

(to be attached with the On Site Sewage System Installer Application for Registration)

This schedule must be completed for all principals of the applicant. Use more than one form if necessary.

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

Disponible en français