

## 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."

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

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

Individual     
  Sole Proprietor     
  Corporation     
  Partnership     
  Joint Venture

**Sole Proprietor or Corporation Name**

Operating Name VBN Paving Limited	Business Number 889789996RT0001
Legal Name	Corporation Number

**Business Address**

Unit Number 2	Street Number * 385	Street Name * Enford	Street Type Road	Street Direction
PO Box	Rural Route	City/Town * Richmond Hill	Province * Ontario	Postal Code * L4C 3G2
Telephone Number * 905-780-8513	Fax Number 905-780-8518	Email Address (if available) info@vbnpaving.ca		

**Business Registration Information**

Harmonized Sales Tax Number	WSIB Account Number 585041	WSIB Rate Group Number 711
Do you have a clearance certificate? <input checked="" 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**

Does the project have a street address?     Yes     No

**Location - street address**

Unit Number	Street Number	Street Name Various Locations in the City of Mississauga	Street Type	Street Direction
City/Town		Province ON	Postal Code	Workplace Telephone Number

**Location - not a street address**

Directions to 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 *	
Mazzucco		Nancy	
Title *		Date (yyyy/mm/dd) *	
Office Administrator		2018/04/09	
Email Address *			
info@vbnpaving.ca			