

EMPLOYER CONTACT FORM

Full Legal Company Name:

Complete Mailing Address:

Street Number: _____ Unit Number: _____

Street Name: _____

PO Box: _____ City: _____

Province: _____ Postal Code: _____

Office Administration:

Phone: _____

Email: _____

Website: _____

Apprenticeship Contact Person (Point of Contact, within the company):

Full Name: _____

Position: _____

Email: _____

Phone: _____

Have you registered an Apprentice with your company before? YES NO

If YES, how many: _____

Do you have proof of General Liability Insurance? YES NO

WSIB Account Number: _____

Preferred language of service: English French

Are you a Landscape Ontario Member: YES NO

If YES, please identify which chapter:

Ottawa

Upper Canada

Golden Horseshoe

Toronto

Georgian Lakelands

Windsor

London

Waterloo

Durham

Current Number of Employees (estimate): _____

INTERNAL OFFICE USE ONLY
REGISTRATION INTAKE

Region: EAST CENTRAL SOUTHWEST NORTH

Number of Apprentices to Register: _____

Keyed by: _____

ADMINISTRATOR ONLY

Registration Paperwork Issued

Registration Active