Ontario Ministry of Labour

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 *	Business Number
Comfort Seasonal Services	829602515
Legal Name	**Corporation Number**
Comfort General Contracting Corp.	002275442

Business Address

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
	109	Highland Park	Blvd	

PO Box	Rural Route	City/Town *	Province *	Postal Code *
		Thornhill	ON	L3T 1B8

Telephone Number *	Fax Number	Email Address (if available)
416-879-2684		service@ComfortSeasonal.com

Business Registration Information

Harmonized Sales Tax Number	WSIB Account Number	WSIB Rate Group Number
82960 2515 RT0001	3948316	

Do you have a clearance certificate? ☑ Yes ☐ No — Certificate Number A0000HAO10

Project Information

Average number of employees employed by your firm on the project * ☐ 1 - 5 ☑ 6 - 19 ☐ 20 - 49 ☐ 50+

Project Location (Optional)

Does the project have a street address? ☐ Yes ☐ No

Location - street address

Unit Number	Street Number	Street Name	Street Type	Street Direction

City/Town	Province	Postal Code	Workplace Telephone Number
	ON		

Location - not a street address

Directions to the workplace:

Lot and plan

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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 *
Yazdanpanah	Ehsan

Title *	Date (yyyy/mm/dd) *
President	2021/03/10

Email Address *
ehsan@comfortseasonal.com