

## 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."

**Nature of business**

Individual     
  Sole Proprietorship     
  Corporation     
  Partnership     
  Joint Venture

**Individual (legal name)**

Last name	First name	Middle initial
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**Sole proprietor or corporation name**

Operating name AMHERST CRANE RENTALS LTD.	Business number 100190222
Legal name AMHERST CRANE RENTALS LTD.	Corporate number 100190222

**Partnership partner or joint venture party 1**

Corporation     
  Individual

**Individual (legal name)**

Last name	First name	Middle initial
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**Corporate information**

Operating name	Business number	
Legal name	Corporate number	
Director name or principal officer name	Title	Date appointed

**Partnership partner or joint venture party 2**

Corporation     
  Individual

**Individual (legal name)**

Last name	First name	Middle initial
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**Corporate information**

Operating name	Business number	
Legal name	Corporate number	
Director name or principal officer name	Title	Date appointed

**Business address**

Unit number	Street number 105	Street name NANTUCKET BLVD.	Street type	Street direction
P.O. Box	Rural route	City/town SCARBOROUGH	Province ON	Postal code M1P 2N5
Telephone number (416) 752-2431	Fax number (416) 751-3293	Email address (if available) info@amherstgroup.ca		

**Business registration information**

Harmonized sales tax number 100190222	Workplace Safety and Insurance Board (WSIB) account number 4104900	Workplace Safety and Insurance Board (WSIB) rate group number 711 ROADBUILDING AND EXCAVATING
Do you have a clearance certificate? <input 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 (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 ON	Postal Code	Workplace telephone number	

**Location - not a street address**

Directions to the workplace:

Lot and plan

**Acknowledgement**

I confirm I am authorized to complete and submit 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 BRENNAN	First name of person completing this form VALERIE
Title VICE PRESIDENT	Date (yyyy/mm/dd) 2018/01/04
Email Address info@amherstgroup.ca	