



STORMONT DUNDAS GLENGARRY^{div.}

Approved Professionals Program

A Division of CDN Approved Professionals Program Inc.

7-2211 Parkedale Avenue, Brockville, ON, K6V 6B2

Membership Services:
Tel: (613) 865-8999

Angie@ONTApproved.ca
www.SDGApproved.ca

The following information must be submitted to the Ontario Approved Professionals office through email or mail before you will become a fully Approved Member.

1. **Copy of all Certification Documents (WSIB, Education, Certificates, etc.)**
2. **Copy of all Proof of Insurance**
3. **Copy of all Business/Professional Licenses**
4. **Three (3) recent Customer References, from jobs completed**
5. **Two (2) Trade References of trades, suppliers or other company affiliates**
6. **Signed copy of the Code of Conduct, Anti-Spam and Completed Application**
7. **Selected Terms & Payment**
8. ***NEW* Membership Level for Divisionary Selection**

Member Application Form:

Your enrolment in the **Stormont Dundas Glengarry Approved Professionals** program will be considered "Pending" until the following criteria has been supplied in complete form and our review and validation process has been completed.

Section 1 - Company Information & Division Selection

(as applicable to the company)

Business Category / Type of Services:	<i>*Business Type / Heading for Approved Category</i>		
Company Name:			
Registered Business Owner Name:			
Email:			
Website:			
Phone Number(s):	Office:		
	Other:		
Mailing Address:	_____		

	City:	Postal Code:	
Year Established:			
Division Selection for Participation:	<input type="radio"/> SDG Southern Division (South Dundas) <input type="radio"/> SDG Northern Division (North Glengarry) <input type="radio"/> SDG Western Division (North Dundas) <input type="radio"/> SDG Eastern Division (South Glengarry) <input type="radio"/> All Divisions within SDG Approved Professionals		

Do you wish to be contacted about membership with any other divisions of the Approved Professionals Program?	<input type="radio"/> Leeds & Grenville <input type="radio"/> Kingston South Frontenac <input type="radio"/> Ottawa, Orleans, Nepean <input type="radio"/> Ontario Approved <input type="radio"/> All the above <input type="radio"/>
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Section 2 – Integrity & Public Accountability

1) In connection with your employment or business affairs have you, or any company in which you have a direct or indirect controlling interest, in Ontario or elsewhere:

a) been charged with (where charges are still outstanding and unresolved) or convicted of an offence under the *Criminal Code (Canada)* in respect of which a pardon has not been granted or issued under the *Criminal Records Act (Canada)*? **Y or N**

b) been charged with (where charges are still outstanding and unresolved) or convicted of an offence under any other Federal statute, including but not limited to the *Income Tax Act*, in respect of which a pardon has not been granted or issued under the *Criminal Records Act (Canada)*?
Y or N

2) Have you been charged with (where charges are still outstanding and unresolved) or been disciplined by any professional association or body? **Y or N**

3) Have you been involved in any issue or controversy in the past, or that may be subject to public review in the future, in which the government may have an interest? **Y or N**

If YES to any of the above, please explain: _____

Do you perform criminal checks on your employees? **Y or N**

**Information will remain confidential; no information from Section 2b will be released.*

Section 3 – Company Details / Specifics

Employee(s)	<input type="radio"/> 1 to 5 <input type="radio"/> 5 to 10 <input type="radio"/> 10 to 25 <input type="radio"/> 25 plus
Approx. Annual Dollar Value of Jobs / Contracts	<input type="radio"/> Under \$50,000 <input type="radio"/> \$50,000 to \$100,000 <input type="radio"/> \$100,000 to \$300,000 <input type="radio"/> \$300,000 plus

**Information will remain confidential; no information from Section 3 will be released.*

Section 4 –Client References**(If confidential, please skip)**

Please provide us with references from three (3) clients that you have completed work for in the past 12 months. Please refrain from using family members.

Reference #1	Name(s): _____ Phone: _____ Email: _____ Project Location: _____ Date of Project : _____ Project Description: _____ <input type="radio"/> Reference aware of Application? Y or N <input type="radio"/> Is the project complete? Y or N <input type="radio"/> Is there a letter of reference attached? Y or N
Reference #2	Name(s): _____ Phone: _____ Email: _____ Project Location: _____ Date of Project : _____ Project Description : _____ <input type="radio"/> Reference aware of Application? Y or N <input type="radio"/> Is the project complete? Y or N <input type="radio"/> Is there a letter of reference attached? Y or N

**Names & contact information required only – membership services will contact Reference.*

Section 5 – Company Reference

Please provide us with references from two (2) businesses / suppliers that you have completed work with in the past 12 months. Please refrain from using family members.

Reference #1	Name: _____ Phone: _____ Email: _____ Affiliation: _____ Year(s) Affiliated : _____ Comments: _____ <input type="radio"/> Reference aware of Application? Y or N <input type="radio"/> Is there a letter of reference attached? Y or N
Reference #2	Name: _____ Phone: _____ Email: _____ Affiliation: _____ Year(s) Affiliated : _____ Comments : _____ <input type="radio"/> Reference aware of Application? Y or N <input type="radio"/> Is there a letter of reference attached? Y or N

**Names & contact information only required – membership services will contact References as required.*

Section 6a – Your Professional Contact Information *(as applicable to yourself & your profession)*

Full Name:	
Telephone:	
Email Address:	
Mailing Address:	_____
	City: _____ Postal Code: _____
Which division(s) is this applicant applying to be represented within the program?	<input type="radio"/> Leeds & Grenville <input type="radio"/> Stormont Dundas Glengarry <input type="radio"/> Kingston South Frontenac <input type="radio"/> Ottawa Orleans Nepean <input type="radio"/> Ontario Approved <input type="radio"/> <input type="radio"/> All the above

Section 6b – Insurance Information *(as applicable to yourself & your profession)*

6b.1 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
6b.2 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
Do you have additional insurances or coverages? <input type="radio"/> Yes or <input type="radio"/> No If YES please explain & provide details: _____	
WSIB Number:	

Section 6c – Professional Accreditations / Education *(as applicable to yourself & your profession)*

6c.1 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority: _____ ID / #: _____ Contact: _____
6c.2 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority: _____ ID / #: _____ Contact: _____
6c.3 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority: _____ ID / #: _____ Contact: _____

**** Copy this sheet and number for all additional applicants ****

Additional Applicant(s)

Professional # _____

Section 6a – Your Professional Contact Information *(as applicable to yourself & your profession)*

Full Name:		
Telephone:		
Email Address:		
Mailing Address:	_____	
	City:	Postal Code:
Which divisions is this applicant applying to be represented within the program?	<input type="radio"/> Leeds & Grenville <input type="radio"/> Kingston South Frontenac <input type="radio"/> Ontario Approved <input type="radio"/> All the above	<input type="radio"/> Stormont Dundas Glengarry <input type="radio"/> Ottawa Orleans Nepean <input type="radio"/>

Section 6b – Insurance Information *(as applicable to yourself & your profession)*

6b.1 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
6b.2 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
Do you have additional insurances or coverages? <input type="radio"/> Yes or <input type="radio"/> No	
If YES please explain & provide details: _____	
WSIB Number:	

Section 6c – Professional Accreditations / Education *(as applicable to yourself & your profession)*

6c.1 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority : _____ ID / #: _____ Contact: _____
6c.2 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority : _____ ID / #: _____ Contact: _____
6c.3 <input type="checkbox"/> Attached Copy or Scan of Doc.	Type: _____ Institution / Authority : _____ ID / #: _____ Contact: _____

Section 7 – Code of Conduct Agreement

As an **Approved Professionals Program** member, I have read the following Code of Conduct and agree to follow and adhere to the best of my abilities. This is a general Code of Conduct for all Professionals to follow while serving the public.

- Service the clients with courtesy & respect.
- Maintain a clean, safe workplace.
- Present yourself in a tidy, clean & professional manor.
- Provide written quotes / estimates that are honest, accurate and accountable.
- Communicate project status with client on regular basis and upon modification.
- Complete work to an acceptable professional industry standard.
- Ensure all employees are trained to complete tasks assigned and to ensure a safe working environment.
- Maintain insurances and comply with all relevant regulations.
- Comply with all municipal by-laws and regulations.
- Encourage use of the Approved Professionals Program & network.

Prof. #1

(Initial)

Prof. #2

**Initial's for Additional Applicants as Required.*

Prof. #3

Prof. #4

Prof. #5

Prof. #6

****MUST be initialed to be considered a Complete Application.***

Section 8 – Revocation of Rights

I understand that my failure to adhere to the guidelines of the Ontario Approved Professionals Program Code of Conduct will result in my removal from the Approved Professionals Program. I understand that if for any reason my company's Approved Professional certification is revoked or cancelled, the company has 15 days to cease and desist on all usage of the Approved Professionals logo, references to affiliations and services. Failure to do so will result in possible legal actions.

Prof. #1

(Initial)

Prof. #2

**Initial's for Additional Applicants as Required.*

Prof. #3

Prof. #4

Prof. #5

Prof. #6

****MUST be initialed to be considered a Complete Application.***

Section 9 – Sworn Declaration

I (Primary Applicant), _____ of (City) _____

solemnly declare that all the information and statements contained in this application are true and complete. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

X

Signature – Primary Applicant

Date

****MUST be signed to be considered a Complete Application.***

Section 10 – Profile Information for Approved Professional Members

1. What year was your company established? _____
2. How many years has the owner of the company been active in your primary trade / profession?

3. As the authorized Approved Member, what is your official title with the company?

4. Do you have a company motto or slogan? If so, please provide.

5. Can you provide us with a bio or one paragraph write-up that you would like to see on the website that BEST describes your company in its Approved Category?

6. Please ensure you provide us with the following as available:

Company Logo

Photo of Office / Building / Store Front

Professional Head Shot

1 or 2 Portfolio Photos of on the Job

**Please send an email with requested digital materials at earliest convenience.*

Section 11 – Consent to Email for Anti-Spam Compliance

As per the Canadian Anti-Spam Legislation, I give my consent to the Ontario Approved Professionals Program to communicate with me electronically. I understand that my consent may be withdrawn at any time by emailing the Ontario Approved Professionals Program.

Primary Applicant Name: _____

Email address: _____

Principal Signature: _____

Date: _____

If you have additional employee's or business contacts within the company that wish to also receive updates, information and / or event details, please list them below with Authorization Initials.

(2) Additional email address:

Initial: _____

(3) Additional email address:

Initial: _____

(4) Additional email address:

Initial: _____

****This consent will be required from ALL APPLICANTS / STAFF MEMBERS that wish to receive updates and emails.***

***** This consent will be required to be signed on an Annual Basis at time of renewal.***

Section 12 – Membership & Payment Information

Membership Type(s): Please select preference:

Provincial Membership:

\$600.00 Plus HST **\$678.00**

* All three divisions of Program included.

Leeds & Grenville Approved (LG AP)

Stormont, Dundas, Glengarry Approved (SDG AP)

Kingston South Frontenac Approved (KSF AP)

* 1 Year Term Agreement.

Primary Branch:

Stormont, Dundas, Glengarry

----- > OR < -----

Primary Division Membership:

\$300.00 Plus HST **\$339.00 /Base Rate**

* Primary Branch of Approved Program.

* 1 Year Term Agreement.

Please Select your Primary Branch:

Stormont, Dundas, Glengarry

----- > OR < -----

Additional Division Add-On:

\$180.00 (Per Branch) Plus HST **\$203.40 /Add-On**

* Secondary Memberships to Primary Division.

* 1 Year Term Agreement.

Please Select your Secondary Add-On Choices:

Leeds & Grenville

Kingston South Frontenac

Ottawa, Orleans, Nepean

----- > OR < -----

Junior Membership:

\$0.00 Free Trial **\$ 0.00 /WAIVED**

* Applicable for ONE Division of Ontario Program Only.

* 1 Year Term Agreement.

* Must be graduate of SBEC Program.

* Must provide letter from SBEC Staff.

* Agree to attend ALL meetings as Junior Member.

**** Invoices will be issued upon application approval.**

Membership Approval Criteria:

- All profession / trade required insurances / certifications / licenses in place.
- Company / business work with good community presence / reputation.
- Application accurate & complete.
- Membership fees paid.

This Application will be under review by our Membership Review Board, a confidential review panel of professionals. We will be reviewing and confirming the provided information and be in contact with the board's decision within 5 - 10 business days.

APPLICATION APPROVED YES or NO (*If No, Comment*)

APPLICATION RENEWAL MONTH: _____

X _____ . _____ .
President or Divisional Chair Signature Date

UNDER REGULATION OF THE ONTARIO_{div.} APPROVED PROFESSIONALS PROGRAM



A Business Network of
Professionals
for all of Ontario!