



**ONTARIO Approved Professionals Program**  
*A Division of CDN Approved Professionals Program Inc.*  
 7-2211 Parkedale Avenue, Brockville, ON, K6V 6B2

Tel: 613-865-8999      Corporate: Dave@ONTApproved.ca  
 www.ONTApproved.ca      Membership: Angie@ONTApproved.ca

## **Provincial Membership Application:**

The following information must be submitted to the Approved Professionals office through email or mail before your application is deemed complete and/or you become an approved member of the program.

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. Two (2) 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. Membership level for divisionary selection & representation

Your enrolment in the **Ontario Approved Professionals Inc.** 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 1a - Company Information & Division Selection**

*(as applicable to the company)*

Company name:			
Registered owner:			
Requested category for member listing:			
Type of services offered by company:			
Company email:			
Company website:			
Company phone number(s):	Office:	Other:	
Company mailing address:	City:	Prov.:	Postal Code:
Year company established:			
Were you referred to the Program? If <b>Yes</b> , by whom?	<input type="radio"/> <b>Yes</b> or <input type="radio"/> <b>No</b>		

## Section 1b – Program & Division Selection

Membership level:	<input type="radio"/> Provincial: Ontario <input type="radio"/> Divisional: Leeds & Grenville <input type="radio"/> Divisional: Stormont, Dundas, Glengarry <input type="radio"/> Divisional: Kingston, South Frontenac <input type="radio"/> Divisional: Ottawa, Orleans, Nepean <input type="radio"/> .
Division selection for participation:	<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"/> All currently available divisions within Ontario Approved Professionals <input type="radio"/> . <input type="radio"/> .
Do you wish to be contacted about representation in other divisions?	<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"/> . <input type="radio"/> .
Have you ever been an Approved member?	<input type="radio"/> <b>Yes</b> or <input type="radio"/> <b>No</b>  If <b>Yes</b> , please explain: _____

## 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)*?

**Yes** or  **No**

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)*?

**Yes** or  **No**

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

**Yes** or  **No**

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?

**Yes** or  **No**

If **Yes** to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Do you perform criminal checks on your employees?  **Yes** or  **No**

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

### Section 3 – Company Details & Specifics

Current no. of active employee(s)	<input type="radio"/> 1 to 5 <input type="radio"/> 5 to 10 <input type="radio"/> 10 to 25 <input type="radio"/> 25 or greater
Approx. annual revenue dollars (\$)	<input type="radio"/> < \$100,000 <input type="radio"/> \$100K - \$200K <input type="radio"/> \$200K - \$500K <input type="radio"/> \$500K or greater

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

### Section 4 – Client References

*(if confidential, you may skip)*

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

Client Reference #1	Name(s): _____ Phone: (____) ____ - _____ Email: _____ Project location: _____ Date of project/contract: _____ Brief project description: _____  Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No Is the project complete? <input type="radio"/> Yes <input type="radio"/> No
Client Reference #2	Name(s): _____ Phone: (____) ____ - _____ Email: _____ Project location: _____ Date of project/contract: _____ Brief project description: _____  <input type="radio"/> Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Is the project complete? <input type="radio"/> Yes <input type="radio"/> No

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

### Section 5 – Company/Professional References

*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.*

Professional Reference #1	Company name: _____ Contact name: _____ Phone: (____) ____ - _____ Email: _____ Affiliation: _____ Year(s) Affiliated: _____ Comment(s): _____ Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No
Professional Reference #2	Company name: _____ Contact name: _____ Phone: (____) ____ - _____ Email: _____ Affiliation: _____ Year(s) Affiliated: _____ Comment(s): _____ Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No

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





## 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 for additional Applicant(s) 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 for additional Applicant(s) 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 business sector or profession?  
\_\_\_\_\_
  
3. As the authorized Approved Member, what is your official title with the company?  
Professional #1: \_\_\_\_\_  
Professional #2: \_\_\_\_\_  
Professional #3: \_\_\_\_\_  
Professional #4: \_\_\_\_\_  
Professional #5: \_\_\_\_\_
  
4. Does your company have a company motto or slogan?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Can you provide us with a bio or one paragraph write-up that will be used for advertising purposes and on the program website that would best describe your company, its services and history?  
\_\_\_\_\_  
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6. Please ensure you provide us with the following as available and applicable:
  - Company logo** (*high resolution, PSD, PDF and/or PNG*)
  - Photo of your office/building/store front** (*high resolution, JPG and/or PDF*)
  - Professional head shot** (*high resolution, JPG and/or PDF*)
  - 1 or 2 portfolio photos** (*high resolution, JPG and/or PDF*)

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

\*This content is required before Membership Services can board your company onto our system.

## 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 (*print*): \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_  
(*signature*)

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If you have additional employees or business contacts within the company that wish to also receive updates, information and/or event details, please list them below with authorization by each additional name via initial.

(2) Additional email address:

Contact name (*print*): \_\_\_\_\_ Initial: \_\_\_\_\_

Email address: \_\_\_\_\_

(3) Additional email address:

Contact name (*print*): \_\_\_\_\_ Initial: \_\_\_\_\_

Email address: \_\_\_\_\_

(4) Additional email address:

Contact name (*print*): \_\_\_\_\_ Initial: \_\_\_\_\_

Email address: \_\_\_\_\_

(5) Additional email address:

Contact name (*print*): \_\_\_\_\_ Initial: \_\_\_\_\_

Email address: \_\_\_\_\_

\*This consent will be required from all applicants and or staff members that wish to receive news, invitations, updates and all other program communications while holding an active membership.

\*\* This consent will be required to be signed on an annual basis at time of renewal.



**Section 12 – Membership Level and Payment Information**

**\*Please Select ONE Membership Level**

**Provincial Membership:** \$600.00 plus HST ----- > **\$678.00**

\* This is for a 1 (one) year term agreement.

\*\* Includes all currently active divisions within Ontario  
(at time of application).

Leeds & Grenville, aka: *LG Approved*

Stormont, Dundas, Glengarry, aka: *SDG Approved*

Kingston South Frontenac, aka: *KSF Approved*

Ottawa, Orleans, Nepean, aka: *OON Approved*

Please select your Primary Division:

Leeds & Grenville

Stormont, Dundas, Glengarry

Kingston South Frontenac

Ottawa, Orleans, Nepean

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**Divisional Membership:** \$300.00 plus HST ----- > **\$339.00**

\* This is for a 1 (one) year term agreement.

\*\* Includes only the division as selected below.

Please select your Division:

Leeds & Grenville

Stormont, Dundas, Glengarry

Kingston South Frontenac

Ottawa, Orleans, Nepean

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**Divisional Membership with Add-On:** ----- > **\$ Variable**

**Divisional Membership** \$300.00 plus HST ----- > **\$339.00**

\* This is for a 1 (one) year term agreement.

\*\* Includes only the division(s) as selected below.

Please select your Division:

Leeds & Grenville

Stormont, Dundas, Glengarry

Kingston South Frontenac

Ottawa, Orleans, Nepean

**Division Add-On:** \$180.00 plus HST per division----- > **\$203.40/per**

Please select desired Add-On Division(s):

Leeds & Grenville ----- >\$203.40----- > \$ \_\_\_\_\_.

Stormont, Dundas, Glengarry ----- >\$203.40----- > \$ \_\_\_\_\_.

Kingston South Frontenac ----- >\$203.40----- > \$ \_\_\_\_\_.

Ottawa, Orleans, Nepean ----- >\$203.40----- > \$ \_\_\_\_\_.

**Subtotal** (All Add-On Fees) -- > **\$ \_\_\_\_\_.**

**Grand Total** (Divisional + all Add-On Fees) --- > **\$ \_\_\_\_\_.**

\* All invoices will be issued upon approval of membership.

\*\* No payments are due until the process is deemed complete.

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## Section 13 – Membership Application Review and Approval

Membership Approval Criteria:

- **Application accurate, legible and substantially complete.**
- **Proof and copies of all professional licenses, insurances, certifications provided.**
- **Membership fees paid in full.**
- **Membership Director has reviewed and signed.**
- **President and/or Vice-President has reviewed and signed.**

This Application as submitted by the primary applicant will be under review by our Membership Review Committee, a confidential review panel comprised of Executive Directors as per the program guidelines and by-laws.

The Membership Review process takes between 3-10 business days. Once the review is complete, the Membership Director will contact the primary applicant with the final decision of either;

**APPROVED**                       **INCOMPLETE**                       **NOT APPROVED**

### Membership Director:

Recommendation:  **APPROVED**     **INCOMPLETE**     **NOT APPROVED**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### President/Vice-President:

Decision:  **APPROVED**     **INCOMPLETE**     **NOT APPROVED**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### Membership Month:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> 01 - January   | <input type="checkbox"/> 02 - February | <input type="checkbox"/> 03 - March    | <input type="checkbox"/> 04 - April    |
| <input type="checkbox"/> 05 - May       | <input type="checkbox"/> 06 - June     | <input type="checkbox"/> 07 - July     | <input type="checkbox"/> 08 - August   |
| <input type="checkbox"/> 09 - September | <input type="checkbox"/> 10 - October  | <input type="checkbox"/> 11 - November | <input type="checkbox"/> 12 - December |

**UNDER REGULATION OF THE ONTARIO APPROVED PROFESSIONALS PROGRAM**  
*A Division of CDN Approved Professionals Program Inc.*

