

Membership@LGApproved.ca www.LGApproved.ca

Member Application Form:

Your enrolment in the **LG Approved** program will be considered "Pending" until the Following Criteria have been supplied in complete form and an application validation is completed.

The Following information must be submitted to the LG Approved Office through email or mail before you will become a Fully Approved Member.

- 1. Copy of all Certification Documents (WSIB, Certificates, etc....)
- 2. Copy of all Insurance Certificates (Liability, E&O, etc....)
- 3. Copy of any Business License you hold.
- 4. Three (3) recent Customer References, from jobs completed.
- 5. Two (2) References of trades, supplies or other company affiliates.
- 6. Signed copy of the Code of Conduct and Completed Application.
- 7. Payment and selected terms.

Section 1 - Company Information

Company / Business	*Heading for LG Category	
Type for Registration:		
Company Name:		
Registered Business		
Owner Name:		
Email:		
Website:		
Phone Numbers:	Office:	
	Other:	
Mailing Address:		
	City: Postal Code:	
Year Established:		

Section 2 - Contact Information

Full Name:		
Primary Phone:		
Mailing Address: (if Different from above)		
	City:	Postal Code:



Membership@LGApproved.ca www.LGApproved.ca

Section 3 - Company Size / Earnings

Employee(s)	○ 1 to 5	○ 5 to 10
	○10 to 25	○ 25 plus
Approx. annual dollar	O Under \$50,000	○ \$50,000 to \$100,000
Value of Jobs/Contracts	○\$100,000 to \$300,000	○ \$300,000 plus

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 : Y or N
	○ Is the Project Complete? Y or N ○ Is there a Letter of Reference attached? Y or N
Reference #2	Name(s):
	Phone: Email:
	Project Location: Date of Project :
	Project Description :
	Reference Aware of Application? Y or N
	O Is the Project Complete? Y or N
Reference #3	Is there a Letter of Reference attached? Y or N Name(s):
	Phone: Email:
	Project Location: Date of Project :
	Project Description :
	Reference Aware of Application? Y or N
	O Is the Project Complete? Y or N
	Is there a Letter of Reference attached? Y or N

^{*}Information will remain Confidential; No information from Section 3 will be released.

^{*}Names & Contact information only required – Member Services will contact References as required.

^{**}If more space is required, please attach Long Form References to End of Application, as required.



Reference #1

Membership@LGApproved.ca www.LGApproved.ca

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.

Name(s):_____

Phone:_____ Email: _____

	Affiliation:	Year(s) Affili	ated :
		of Application? Y f Reference attached? Y	
Reference #2			
	Name(s):		
	Phone:	Email:	
	Affiliation:	Year(s) Affili	ated :
	Comments :		
	Reference Aware	of Application? Y f Reference attached? Y	
	nation only required – Memb		•
**If more space is require	ed, please attach Long Form	References to End of Appli	cation, as required.
Section 6 – Insurance	Information	(Complete as Applicab	le to your Profession)
Insurance			
		Phon	
	Comments:		
WSIB Number:			
Do you have workers co	mpensation Coverage?	O YES or O N	0
Do you have additional If Yes, describe:	Insurances or Coverages?	○ YES or ○	NO



Membership@LGApproved.ca www.LGApproved.ca

Section 7 – Professional Certifications / Education / Affiliations (Complete as Applicable to your Profession)

Please provide us with applicable evidence of Trade Professional Certifications, Education or Affiliations

Examples: BCIN, Master Licenses, Tarion Warranty, College / University, Professional Memberships

Examples. BOIN, Master L	icenses, ranon warranty, College / Un	iversity, Professional Memberships.
(A)	Type:	
	Via :	
	ID / #:	Contact:
	Additional Info:	
(B)	Type:	
	Via :	
	ID / #:	Contact:
	Additional Info:	
(C)	Type:	
	Via :	
	ID / #:	Contact:
	Additional Info:	
(D)	Type:	
	Via :	
	ID / #:	Contact:
	Additional Info:	

^{*}Ensure Copies of all Certificate/Education/Affiliation documents are attached to your Application.



Membership@LGApproved.ca www.LGApproved.ca

Section 8 – Code of Conduct Agreement

As a **LG Approved** 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 of Leeds and Grenville.

- 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 the Use of LG Approved Professionals.

Y Y	
Signature Date	<u>.</u>

Section 9 – Revocation of Rights

I Understand that my failure to adhere to the guidelines in the LG Approved "Code of Conduct" will result in my removal from the LG Approved Professional Program.

I understand that if, for any reason my company's LG Approved certification is revoked or cancelled, the company has 15 days to cease and desist on all usage of the LG Approved Logo, references to an affiliations and services. Failure to do so will result in possible legal actions.

Χ .		<u>-</u> _
Signature	Date	

^{*}MUST be signed to be considered a "Complete Application"

^{*}MUST be signed to be considered a "Complete Application"



Membership@LGApproved.ca www.LGApproved.ca

Section 10 – Approved Member Profile Information for LG Approved Website

	How Many Years has the Owner of the Company been active in Your Primary Trade / Profession?
	As the Authorized LG Approved Member, What is your Official Title with the Company
	Do you have a Company Motto or Slogan? If so, please provide.
•	Can you provide us with a Bio or One Paragraph Write up that you would like to see o Website that BEST Describes your Firm in its Approved Category?
	Website that BEST Describes your Firm in its Approved Category?

^{*}Please send Email with Requested Digital Materials at Earliest Convenience.



Membership@LGApproved.ca www.LGApproved.ca

Section 11 - Space for Additional Information

Cochen III Cpace ICI	
Addition Info 11a:	
For Section:	
Breif Description:	
Bren Besenption	
Addition Info 11b:	
For Section:	
Breif Description:	
•	
Addition Info 11c:	
For Section:	
Breif Description:	
Addition Info 11d:	
For Section:	
Breif Description:	
Addition Info 11e:	
For Section:	
Breif Description:	
2. c 2 ccc. p	
Addition Info 11f:	
For Section:	
Breif Description:	
,	

^{*}Please use this Additional Space as Required.



Membership@LGApproved.ca www.LGApproved.ca

Section 12 – Membership & Payment Information

Membership Type(s): Pleas	·	
Annual Membership:	○ \$300.00 Plus HST	TOTAL = \$339.00
	* 1 Year Term Agreement.	
	* Agreeing to Attend MINIMUM of 2	Meetings per Year.
	Or	
SBEC Junior Membership	p : ○ \$300.00 <i>Plus HST</i> WAIVED	<u>TOTAL = \$ 0.00</u>
	* 1 Year Term Agreement.	
	* Must be Graduate of SBEC Program	
	* Agreeing to Attend ALL Meetings a	as Junior Member.
*Please Select ONE Member	rship Type ** Cheque Payment will	be due upon application Approval.
Section 13 – Sworn Dec	laration	
Section 13 – Sworn Dec	iaiation	
I (Applicant),	of (City)	
•	ne information and statements contained i	• •
•	mn declaration conscientiously believing it	to be true and knowing that it is
of the same force and effec	ct as if made under oath.	
X		
	-	<u>.</u>
Signature	Date	<u>.</u>
Signature	-	<u>.</u>
Signature *MUST be signed to be cons	Date didered a "Complete Application"	<u>.</u>
Signature *MUST be signed to be cons Section 14 – Membershi	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL	<u>.</u> Y
Signature *MUST be signed to be cons Section 14 – Membershi Membership Approval Crite	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL' eria:	
Signature *MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL' eria: Required Insurances / Certifications/ Lice	nses in place
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business	Date idered a "Complete Application" ip Approval - FOR OFFICE USE ONL' eria: e Required Insurances / Certifications/ Lice work with good community Presence / Rep	nses in place
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate	Date didered a "Complete Application" ip Approval - FOR OFFICE USE ONL' eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete.	nses in place
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business	Date didered a "Complete Application" ip Approval - FOR OFFICE USE ONL' eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete.	nses in place
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa	Date didered a "Complete Application" Ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid.	nses in place outation.
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: e Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid. der review by our Membership Review Bo	nses in place outation. ard, a confidential review panel of
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business of a Application Accurate - Membership Fees Path	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid. der review by our Membership Review Bo eviewing and confirming the provided info	nses in place outation. ard, a confidential review panel of
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa	Date sidered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid. der review by our Membership Review Bo eviewing and confirming the provided info	nses in place outation. ard, a confidential review panel of rmation, and be in contact with
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa This Application will be unprofessionals. We will be rethe board's decision within	Date didered a "Complete Application" Ip Approval - FOR OFFICE USE ONL' eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid. der review by our Membership Review Bo eviewing and confirming the provided info in 5 - 10 business days.	nses in place outation. ard, a confidential review panel of rmation, and be in contact with
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa This Application will be unprofessionals. We will be rethe board's decision within	Date didered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. Aid. der review by our Membership Review Bo eviewing and confirming the provided info in 5 - 10 business days. YES or NO (If No, Co.	nses in place outation. ard, a confidential review panel of rmation, and be in contact with
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa This Application will be un professionals. We will be re the board's decision within APPLICATION APPROVED	Date didered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. Aid. der review by our Membership Review Bo eviewing and confirming the provided info in 5 - 10 business days. YES or NO (If No, Co.	nses in place outation. ard, a confidential review panel of rmation, and be in contact with
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa This Application will be unprofessionals. We will be rethe board's decision within APPLICATION APPROVED APPLICATION RENEWAL M	Date didered a "Complete Application" ip Approval - FOR OFFICE USE ONL's eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. Aid. der review by our Membership Review Bo eviewing and confirming the provided info in 5 - 10 business days. YES or NO (If No, Co.	nses in place outation. ard, a confidential review panel of rmation, and be in contact with
*MUST be signed to be cons Section 14 – Membershi Membership Approval Crite - All Profession / Trade - Company / Business v - Application Accurate - Membership Fees Pa This Application will be un professionals. We will be re the board's decision within APPLICATION APPROVED	ip Approval - FOR OFFICE USE ONLY eria: Required Insurances / Certifications/ Lice work with good community Presence / Rep & Complete. aid. der review by our Membership Review Bo eviewing and confirming the provided info a 5 - 10 business days. YES or NO (If No, Co	nses in place outation. ard, a confidential review panel of rmation, and be in contact with