



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 Type for Registration:	<i>*Heading for LG Category</i>	
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: <i>(if Different from above)</i>		
	City:	Postal Code:



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Section 3 – Company Size / Earnings

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
Reference #3	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 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.*



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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(s): _____ 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(s): _____ 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 – Member Services will contact References as required.
**If more space is required, please attach Long Form References to End of Application, as required.*

Section 6 – Insurance Information **(Complete as Applicable to your Profession)**

Insurance	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____ Comments: _____
WSIB Number:	
Do you have workers compensation Coverage? <input type="radio"/> YES or <input type="radio"/> NO	
Do you have additional Insurances or Coverages? <input type="radio"/> YES or <input type="radio"/> NO <i>If Yes, describe:</i>	

**Ensure Copies of all Insurance Certificates are attached to your Application.*

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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.

(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.*



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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.

X _____
Signature

Date

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

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.

X _____
Signature

Date

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



Section 10 – Approved Member Profile Information for LG Approved Website

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 LG 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 Firm in its Approved Category?

6. Please Ensure you Provide us with the Following, as Available:

<input type="checkbox"/> Company Logo	<input type="checkbox"/> Photo of Office / Building / Store Front
<input type="checkbox"/> Professional Head Shot	<input type="checkbox"/> 1 or 2 Portfolio Photos of on the Job

You can view the Existing LG Approved Member Profiles on our Website at:
<http://lgapproved.ca/member-profiles/>

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



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Section 11 – Space for Additional Information

<p>Addition Info 11a: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11b: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11c: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11d: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11e: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11f: For Section: _____ Breif Description:</p>	<hr/> <hr/> <hr/>

**Please use this Additional Space as Required.*

***Please Include Copies as applicable.*

