

**AGENCY INFORMATION**

<b>LEGAL NAME OF AGENCY</b> (Name as per Letters Patent / Incorporation Papers)	<b>AGENCY ID</b>
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**AGENCY OPERATING NAME** (Business Name, where applicable)

Please provide the Legal Name of the Agency as per the articles of incorporation and provide your Agency ID issued by Toronto Children's Services. For Operating Name, enter the name your organization is operating as. (if applicable)

**APPLICATION ADMINISTRATOR USER INFORMATION**

<b>GIVEN NAME</b> (Full Legal First Name)	<b>SURNAME</b> (Full Legal Last Name)
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The user's Full Legal Name must be provided. Abbreviations, initials or nicknames are not allowed.

**SIGNING OFFICER AUTHORIZATION**

By designating the Application Administrator for Children's Services Online Services, you authorize this person to have primary responsibility and privileges to manage user accounts on behalf of your Agency, including creating and deleting users and assigning roles and access privileges.  
You also agree to immediately notify Children's Services should this designate change.

**BY SIGNING BELOW, I / WE, HEREBY AUTHORIZE THE INDIVIDUAL NAMED ABOVE TO RECEIVE THE TRAINING AND PRIVILEGES TO ACT AS THE APPLICATION ADMINISTRATOR ON BEHALF OF OUR AGENCY.**

**SIGNING OFFICER**

<b>NAME</b> (Please print your First and Last Name)	<b>DATE</b>	<b>SIGNATURE</b>
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**SIGNING OFFICER**

<b>NAME</b> (Please print your First and Last Name)	<b>DATE</b>	<b>SIGNATURE</b>
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- ▶ Two Signing Officer Signatures are required for non-profit Agencies.
- ▶ This form must be signed by a signing officer for this Agency, whose name is already on file with The City of Toronto Children's Services as a Signing Officer. Original Signatures are required.

**MAILING INSTRUCTIONS**

Please mail the completed form to:

**CHILDREN'S SERVICES QUALITY ASSURANCE**  
55 JOHN ST, 10<sup>TH</sup> FLOOR  
TORONTO, ON  
M5V 3C6