

# Application for Examination

As mandated by the Municipal Freedom of Information and Protection of Privacy Act, sections 2(2.1) and 2(2.2), the business information collected in this application form will be maintained as a business record. Information associated with an individual in a professional, business, or official capacity is not personal information. Business information may be publicly available. Any question regarding the collection of your information may be directed to the Manager of Licensing Services, 850 Coxwell Ave., 3rd floor, Toronto, M4C 5R1 or by contacting 416-392-3071

## Application Classification

I am applying as a:

- ☐ Building Renovator
- ☐ Building Renovator/Chimney Repair

## Tradesperson Information

|                  |            |                         |
|------------------|------------|-------------------------|
| Last Name        | First Name | Application/Licence No. |
| Telephone Number | Email      |                         |
| Present Employer |            |                         |

## Exam Classification

Please review the below classifications and check one:

- ☐ **Class A Exam:** You will be completing all work undertaken (complete Section A only)
- ☐ **Class B Exam:** You will be sub-contracting all work undertaken by myself to licensed contractors or building renovators who are licensed in that specific trade (Complete Section B only)
- ☐ **Class C Exam:** You will be completing some work yourself and all other work will be sub-contracted to licensed contractors or building renovators who are licensed in that specific trade (Complete Section A & B)

# Application for Examination

## Section A

Please check all the trades or occupations in which you wish to be **examined** on:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bricklaying/Masonry      | <input type="checkbox"/> Installation of Cabinets and/or Vanities           | <input type="checkbox"/> Structural Framing* |
| <input type="checkbox"/> Caulking                 | <input type="checkbox"/> Installation of Railings*                          | <input type="checkbox"/> Stucco              |
| <input type="checkbox"/> Drywall                  | <input type="checkbox"/> Installation of Staircases                         | <input type="checkbox"/> Taping              |
| <input type="checkbox"/> Eaves Troughing          | <input type="checkbox"/> Non-Structural Framing/Finish Carpentry            | <input type="checkbox"/> Tile Setting*       |
| <input type="checkbox"/> Finish Flooring          | <input type="checkbox"/> Plastering   | <input type="checkbox"/> Tuck Pointing       |
| <input type="checkbox"/> Flat Roofing             | <input type="checkbox"/> Shingling*   | <input type="checkbox"/> Underpinning*       |
| <input type="checkbox"/> Structural Concrete Work | <input type="checkbox"/> Installation of Aluminum/Vinyl/Fiberglass Products | <input type="checkbox"/> Waterproofing       |

If you indicated Plastering, Bricklaying, and/or Carpentry as a trade, do you hold a Certificate of Qualification? ☐ Yes ☐ No (If **NO**, you will not be tested on these trades and you **will not** able to perform these tasks as a building renovator)

If **Yes**, select which Province Issued:

Trade No.:

Certificate No.:

## Related Experience

(Employers/contractors with whom you have worked and length of time in their employ):

| Name of Employer | Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code) | No. of Years |
|------------------|---|--------------|
|                  |   |              |
|                  |   |              |
|                  |   |              |

Have you ever applied for/made an application for this type of licence before?

☐ Yes ☐ No

Have you ever, or do you currently hold any other trade licenses in the City of Toronto?

☐ Yes ☐ No

If "yes" please provide your licence number(s):

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## Section B

Please check one:

- ☐ You will be sub-contracting **all** work undertaken by myself to licensed contractors or building renovators who are licensed in that specific trade
- ☐ You will be completing some work yourself **and** sub-contracting other work to licensed contractors or building renovators who are licensed in that specific trade

### Related Experience

(Employers/contractors with whom you have worked and length of time in their employ):

| Name of Employer | Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code) | No. of Years |
|------------------|---|--------------|
|                  |   |              |
|                  |   |              |
|                  |   |              |

Have you ever applied for/made an application for this type of licence before? ☐ Yes ☐ No

Have you ever, or do you currently hold any other trade licenses in the City of Toronto? ☐ Yes ☐ No

If "yes" please provide your licence number(s):

It is understood and agreed that any misrepresentation made by me in connection with this application may be sufficient cause for cancellation of this application and if I have been granted a licence, for cancellation of my licence. I agree that I will comply with all By-laws, rules, and regulations governing the granting of this licence. I authorize the Municipal Licensing & Standards Division to make whatever enquires are deemed necessary respecting the attached information.

## Applicant/Tradesperson

|                          |                   |
|--------------------------|-------------------|
| Print Name (First, Last) |                   |
| Signature                | Date (yyyy-mm-dd) |