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APPLICATION FOR EXAMINATION:

_____ **DRAIN LAYER**

_____ **DRAIN CONTRACTOR**

Applicant's Family Name:	Given Name:	Reference No.
Address:	City:	Postal Code:
Phone No.:	Age:	Date of Birth:

Present Employer:	Phone No.	Present Position/Type of Work:	
Length of time as Journeyman:	Whom Apprenticeship served:	Have you previously held a similar licence: ___ Yes ___ No	If so, No. of years and from whom issued:
Address of Apprenticeship Sponsor:			

1. Have you ever applied for/written a DRAIN _____ Examination before? ___ yes or ___ no

If "yes", please state in which Municipality and the date you wrote your examination:
_____ Date: _____

2. Date Certification of Qualification issued: _____ Certificate:

FOR DRAIN LAYERS/CONTRACTORS ONLY:

List the names of your pervious employers and the length of time you were in their employ doing drain work:

Name of Employer:	Address:	No. of years:

It is understood and agreed that any misrepresentation made by me in connection with this application may be sufficient cause for cancellation of the 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 Municipal Licensing & Standards Division to make whatever enquires are deemed necessary respecting the above information.

SIGNATURE: _____

DATE: _____