

Municipal Licensing and Standards
Carleton Grant, Executive Director

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ONTARIO HEALTH AND SAFETY DECLARATION

Date: _____ Application #: _____

Name of Applicant: _____

I, _____, confirm that I have working
Print full name

knowledge of the Occupational Health and Safety Act and of the applicable Industrial Regulations.

Signature of Officer/Director: _____

Signature of Tradesperson: _____