

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: \_\_\_\_\_