

Accessibility for Ontarians with Disabilities Act, 2005

Ontario Regulation 429/07

COMPLIANCE FORM FOR TARION APPROVED CONTRACTORS

Contracting Party: _____

Address: _____

E-mail address: _____

Telephone number: _____

I, _____ have the authority to bind the contracting party

(please print name)

and I verify that our company meets the requirements of the Accessibility for Customer Service Regulation 429/07, Section 6; Training For Staff and will continue to meet these requirements for the duration of the contract or services being provided to Tarion Warranty Corporation.

I agree with the information above

Signature: _____

Title: _____

Date: _____

Please submit to the Tarion Warranty Corporation, Claims Department prior to the beginning of any contract work for Tarion Warranty Corporation.

**Tarion Warranty Corporation
Claims Department
5160 Yonge Street, 12th Floor
Toronto, ON M2N 6L**