Sub-Contractor Information Sheet

Date: _____

Business Name: _____

Business Address: _____

_____

Business Number (9 digits): _____

Phone Number: _____

Email: _____

GST Number: _____RT 0001

WCB Firm Number: _____

Director Name: _____ _____
(first name) (last name)

Service Type: Select

Supporting Documents List:

- Corporation Registration: Certificate, Article and Profile report
- Vehicle Registration or Bill of sale
- Insurance policy

_____
(Director Sign.)

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