

# EMPLOYER CONTACT FORM

**Full Legal Company Name:**

\_\_\_\_\_

**Complete Mailing Address:**

Street Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Office Administration:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Apprenticeship Contact Person:**

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Have you registered an Apprentice with your company before?**  YES  NO

**Preferred language of service:**  English  French

**Are you a Landscape Ontario Member:**  YES  NO

**If yes, please circle which chapter:**

Ottawa      Upper Canada      Golden Horseshoe      Toronto

Georgian Lakelands      Windsor      London      Waterloo      Durham

**Current Number of Employees (estimate):** \_\_\_\_\_

**INTERNAL OFFICE USE ONLY**  
**REGISTRATION INTAKE**

GS Region       Non-GS Region

**Region:** EAST    CENTRAL    SOUTHWEST    NORTH

**Number of Apprentices to Register:** \_\_\_\_\_

**Registered by:** \_\_\_\_\_

**ADMINISTRATOR ONLY**

Reached out

\_\_\_\_\_

AOL Provincial Office Submission

\_\_\_\_\_

AOL Application Date

\_\_\_\_\_