

SECTION 1 – COMPANY INFORMATION

Company Legal Name: _____ Trade Name (if different): _____
 Contact Person: _____ Title / Position: _____
 Phone Number: _____ Email Address: _____
 Business Address: _____
 City: _____ Province / State: _____ Postal / Zip Code: _____
 Country: _____
 Canada USA Other: _____

SECTION 2 – BUSINESS DETAILS

Trade / Scope of Work: _____ Years in Business: _____
 Number of Employees: _____ Work Regions Covered: _____
 GST / HST Number: _____ WCB / OHS Account #: _____
 Trade Licence Number (if applicable): _____ Issuing Province / Authority: _____

SECTION 3 – COMPLIANCE DOCUMENTS CHECKLIST

- Please check all items included with this submission:**
- General Liability Insurance Cert. (\$5M min.)
 - Automobile Liability Insurance (\$1M min.)
 - Trade Licence / Certifications (copy enclosed)
 - Signed Sub-Trade Service Agreement
 - Naming Gentec Construction Group as Additional Insured
 - WCB / OHS Letter of Good Standing
 - Proof of Safety Training (WHMIS, Fall Protection, etc.)
 - Business Licence (if applicable)

SECTION 4 – REFERENCES (Minimum 2 Required)

Company Name	Contact Person	Phone / Email	Project Description

SECTION 5 – TAX & PAYMENT INFORMATION

Note: Banking information is collected solely for payment processing and stored securely. See Section 8 of the Onboarding Package for our full Data Privacy Policy.

Business Legal Name for Payment: _____ GST / HST / Tax ID / BN: _____

Preferred Payment Method:

- Cheque Direct Deposit / EFT Wire Transfer

If Direct Deposit / EFT selected, please complete banking details below:

Bank Name: _____ Institution #: _____ Transit #: _____

Account Number: _____ Account Name: _____

SECTION 6 – AGREEMENT & ACKNOWLEDGEMENT

By signing below, the authorized representative confirms on behalf of the company that:

- All information provided in this form is accurate, current, and complete
- The company has read and agrees to comply with Gentec Construction Group's Sub-Trade Onboarding & Compliance Package in full
- The company will maintain valid insurance and WCB/OHS coverage at all times and notify Gentec immediately of any lapse
- The company agrees to Gentec's Data and Privacy Policy regarding information collected through this form
- The signatory has authority to bind the company to these terms

Authorized Signature: _____

Print Name: _____

Title / Position: _____

Date: _____

OFFICE USE ONLY

Date Received: _____ Approved By: _____ Vendor ID Assigned: _____

Notes: _____