



QUALIFIED COMPANY AND QUALIFIED PERSON REGISTRATION FORM

PLEASE FILL OUT ALL FIVE SECTIONS

SECTION A – APPLICATION TYPE

Initial Qualified Company / Qualified Person Application (application and documentation required) Payment postponed for year 1

Annual Renewal Application (payment and application required) (\$75.00 + HST) = \$84.75

Payment accepted in person via cash, debit, Visa, Master Card, American Express or cheque payable to the City of Vaughan.

SECTION B – QUALIFIED COMPANY CONTACT INFORMATION

* only this information will be posted on the City of Vaughan Backflow Prevention Program webpage

* Company Name	* Telephone
Address	* Email
* City Postal Code	

* Type of system or function? All Systems Fire System only Irrigation System only Test & Repair only

* Does Qualified Company employ Qualified Person(s) who are certified for confined space work? No Yes: provide proof with application

SECTION C – QUALIFIED PERSON INFORMATION

Please list all Qualified Persons to be registered in the City of Vaughan Backflow Prevention Program

Qualified Person Full Name <small>(Please print)</small>	Certified to work in confined space as per OH&S Reg. 632/05?	CCC Specialist Tester # and Expiry Date (mm/dd/yyyy)	STO ID / P.Eng / C.E.T Membership # and Expiry Date (mm/dd/yyyy)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:

SECTION D – REQUIRED DOCUMENTATION

Please provide valid copy of documents listed below

1. City of Vaughan Standard Certificate of Insurance (COI) form (minimum \$2 million coverage) - see page 3
2. Calibration certificate for each pressure differential test kit
3. Ontario Water Works Association (OWWA) or American Society of Inspectors of Plumbing and Sanitary Engineers (ASSE) Tester Certificate for each QP
4. Skilled Trades Ontario (STO) / Professional Engineers / OACETT Membership for each Qualified Person
5. Front and back copy of current backflow preventer test tag
6. Valid confined space entry certificate for each Qualified Person (if applicable) ** This is not a mandatory item to register **

SECTION E – TEST KIT INFORMATION

Please list all testing equipment to be registered in the City of Vaughan Backflow Prevention Program

Test Kit Manufacturer	Model	Serial #	Calibration Date (mm/dd/yyyy)

APPLICANT NAME

SIGNATURE **DATE** (mm/dd/yyyy)



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SECTION C (continued) – ADDITIONAL QUALIFIED PERSON INFORMATION			
Please list <u>all</u> Qualified Persons to be registered in the City of Vaughan Backflow Prevention Program			
Qualified Person Full Name <small>(Please print)</small>	Certified to work in confined space as per OH&S Reg. 632/05?	CCC Tester Certification # and Expiry Date (mm/dd/yyyy)	STO ID / P.Eng / C.E.T Membership # and Expiry Date (mm/dd/yyyy)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC # Expiry:	# Expiry:

SECTION E (continued) – ADDITIONAL TEST KIT INFORMATION			
Please list <u>all</u> testing equipment to be registered in the City of Vaughan Backflow Prevention Program			
Test Kit Manufacturer	Model	Serial #	Calibration Date (mm/dd/yyyy)

GENERAL INFORMATION

- Only Qualified Persons named on this application form and approved by the City will be permitted to survey property and work on registered backflow devices.
- The Qualified Company and Qualified Person will bear sole responsibility to ensure required documents remain accurate and in force. The Qualified Company and/or Qualified Person shall provide updated required documentation prior to the expiry date(s) of required documentation. The City of Vaughan shall have no responsibility to monitor expiry dates of required documentation.
- In performing work related to the Backflow Prevention Program, it is the Qualified Company and Qualified Person's responsibility to comply with all applicable law including, but not limited to, Ontario Health and Safety Act - Regulation 632/05. If the City receives notice that a Qualified Company and Qualified Person has failed to comply with applicable law, the City may, without notice, remove the company or person from the City's Approved Qualified Company List.
- If at any point during the year an applicant does not maintain their accreditations, he/she must immediately inform the City and any backflow documents submitted by them will be rejected until they are able to meet the program requirements.

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Vaughan By-law as amended and may be used for the enforcement and administration of the By-law and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and Qualified Person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Environmental Services for the City of Vaughan.



THIS CERTIFICATE OF INSURANCE IS TO CERTIFY TO:
 THE CORPORATION OF THE CITY OF VAUGHAN
 2141 MAJOR MACKENZIE DR., VAUGHAN, ON, L6T 1A1

That Policy(ies) of Insurance as herein described have been issued to the insured named below and are in force on the indicated dates.

CERTIFICATE TYPE:	Blanket	Covering the Named Insured for all work or activities performed for the City of Vaughan and/or for agreements with the City of Vaughan and/or for operations conducted within the City of Vaughan
	Project / Service Specific Agreement	City File No. and/or Description:
Insured:		Address:

#	TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT (if other than CDN \$ indicate)	Deductible
1	COMMERCIAL GENERAL LIABILITY (occurrence form)				\$ per occurrence	
					\$ general aggregate	\$
					\$ completed operations	
	Non-Owned Auto				\$	\$
	Employer's Liability				\$	\$
	Sudden & Accidental Pollution				\$	\$
2	AUTOMOBILE LIABILITY				\$	\$
3	UMBRELLA LIABILITY				\$ per occurrence	
					\$ general aggregate	\$
4	GARAGE LIABILITY				\$ per occurrence	
					\$ comprehensive	\$
					\$ collision	
5	ALL RISK PROPERTY				\$	\$
6	BOILER AND MACHINERY				\$	\$
7	CRIME				\$ employee dishonesty	\$
8	CONTRACTOR'S EQUIPMENT				\$	\$
9	PROFESSIONAL LIABILITY (Errors & Omissions)				\$ per claim	
					\$ general aggregate	\$
10	ENVIRONMENTAL IMPAIRMENT				\$ per claim / occurrence	
					\$ aggregate	\$
11	BUILDER'S RISK / INSTALLATION FLOATER				\$	\$
12	WRAP UP LIABILITY				\$ per occurrence	
					\$ general aggregate	\$
13	DIRECTOR'S & OFFICER'S LIABILITY				\$ per claim	
					\$ general aggregate	\$
14	AVIATION LIABILITY				\$ per claim	
					\$ general aggregate	\$

15	CYBER LIABILITY					
	Network & Information Security (3rd party) Liability				\$ per claim	\$
					\$ general aggregate	\$
	Privacy Liability				\$ per claim	\$
					\$ general aggregate	\$
16	PERSONAL LIABILITY				\$ per claim	\$
					\$ general aggregate	\$
17	EXCESS PERSONAL LIABILITY				\$ per claim	\$
					\$ general aggregate	\$

REQUIRED PROVISIONS:

- Commercial General Liability policy is extended to include Personal Injury Liability, Contractual Liability, Products - Completed Operations, Contingent Employer's Liability, Cross Liability and Severability of Interest.
- It is agreed and understood that the deductible or self insured retention (SIR) arranged between the Named Insured and the Insurers must be declared herein and is subject to approval by The City of Vaughan. It is further understood and agreed that claims arising out of the operations of the above mentioned project, which fall within the deductible or SIR limit, are the sole responsibility of the Named Insured.
- If the insurance provided under the said policy(ies) is cancelled or if coverage is reduced, the Insuring Company will give thirty (30) days written notice of cancellation to the address above.
- The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured as set out below.

Required Additional Insured(s) with respect to General Liability. It is understood and agreed that entity(ies) identified below is/are added as an Additional Insured(s) to the Commercial General Liability and Umbrella Liability Policies with respect to liability arising out of the operations of the Named Insured performed / supplied / conducted for/to the City of Vaughan.

*The City of Vaughan Other _____

The Regional Municipality of York Other _____

Toronto and Region Conservation Authority (TRCA) Other _____

*The City of Vaughan and its respective directors, officers, council members, boards and employees, including; Vaughan Fire and Rescue Services, the Vaughan Public Library Board, Vaughan Hydro Inc., Tourism Vaughan Corporation and Hydro Vaughan Energy Corporation.

DATE ISSUED	NAME & ADDRESS	#
	OF INSURANCE	#
	COMPANY(IES)	#
	Indicate line #s if	#
	multiple insurers	#

NOTICE AND RECEIPT. Enter the information for the respective City department below to ensure receipt of the certificate by the appropriate City contact. Policy changes affecting the insurance requirements outlined in the respective Project/Service Agreement are to be provided in writing in accordance with item 3.

Contact:	Department:
Email:	Phone No:

CERTIFICATION I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 3.

Broker Name & Address Tel. No.:	SIGNATURE AND STAMP OF CERTIFYING OFFICIAL
E-mail Contact Address:	

The City of Vaughan reserves the right to contact your broker or insurer directly to obtain a renewal certificate on your behalf should your insurance coverage expire during the term of your contract with the City of Vaughan

THIS FORM MUST BE COMPLETED BY AND AUTHORIZED INSURANCE BROKER OR INSURANCE PROVIDER.