

Pursuant to section 5 of the Regulation for Construction Projects made under the *Occupational Health and Safety Act*, "Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there."

Fields marked with an asterisk (*) are mandatory.

Nature of Business (check one) *

☐ Individual ☐ Sole Proprietor ☒ Corporation ☐ Partnership ☐ Joint Venture

Sole Proprietor or Corporation Name *

Operating Name *	Business Number
Renegade Crane Rental Inc.	100835319
Legal Name	Corporation Number
Renegade Crane Rental Inc.	100835319

Business Address

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
	31953	Feeder rd w	rd	w
PO Box	Rural Route	City/Town *	Province *	Postal Code *
56		wainfleet	ON	L0S 1V0
Telephone Number *	Fax Number	Email Address (if available)		
289-440-2364		info@renegadecrane.ca		

Business Registration Information

Harmonized Sales Tax Number	WSIB Account Number
750379356RT001	
Do you have a clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Number

Project Information

Average number of employees employed by your firm on the project * ☒ 1 - 5 ☐ 6 - 19 ☐ 20 - 49 ☐ 50+

Project Location (Optional)

Does the project have a street address? ☐ Yes ☐ No

Location - street address

Unit Number	Street Number	Street Name	Street Type	Street Direction
City/Town	Province	Postal Code	Workplace Telephone Number	
	ON			

Location - not a street address

Directions to the workplace:

Lot and plan

Acknowledgement *☒ I confirm that I am authorized to complete this form.

I hereby certify that the information provided is true and correct to the best of my knowledge.

Last name of person completing this form *

Vansoelen

First name of the person completing this form *

Mitchell

Title *

President/CEO

Date (yyyy/mm/dd) *

2024/05/23

Email Address *

info@renegadeocrane.ca