

## **COLLISION REPAIR FACILITY STANDARDS**

**Any person(s) or company engaged in the business of automotive collision repair on automotive and light duty trucks shall:**

1. Comply with federal, provincial and local regulations.
2. Provide worker's compensation and garage keeper's liability insurance.
3. Provide a commitment to ongoing training for all management and technical personnel.
4. Have a minimum of one-year written warranty on all repairs.
5. Have a refinishing area that complies with safety, environmental and legal regulations.
6. Have a four (4) point clamping system to secure the vehicle while making structural repairs.
7. Have the following measuring and pulling equipment:
  - a. Equipment capable of making three-dimensional measurements on uni-body and non-unibody vehicles
  - b. Electrical / hydraulic pulling equipment appropriate to the repair.
8. Utilize current dimensional guides appropriate to the vehicle being repaired.
9. Have the capacity to provide four-wheel alignment
10. Have appropriate welding equipment that meets the vehicle manufacturer's requirements.
11. Re-instate vehicle corrosion protection.
12. Replace or restore the vehicle's structural components to its pre-accident condition with regard to location, integrity, durability and safety.
13. Replace all safety devices to the manufacturer's recommendations.
14. Have the ability to safely raise the vehicle for inspection and repairs.
15. Have the capacity to remove the engine, drive train and suspension, when necessary for repairs.
16. Have a paint system that can produce an original equipment manufacturer's type finish.
17. Provide a clean, professional environment for receiving customers.
18. Constantly strive to eliminate illegal and fraudulent practices.

# APPLICATION FOR TORONTO COLLISION REPAIR AND AUTO REFINISH INDUSTRY ACCREDITATION

This form must be completed before your shop can be approved for accreditation. Please note that an inaccurate or incomplete accreditation application form can / will invalidate accreditation approval. Please fill out the form carefully.

1. For the purposes of this form, the term "Applicant" means sole proprietor, any partner of a partnership or any officer or director of a corporation.
2. Enter an 'X' in boxes for response, unless specific numbers, letters, words, etc. are required.

**1) Business Classification ("X" appropriate box):**

Sole Proprietor:       Partnership:       Corporation:       Limited Company:

Business Trade Style Name:					
Applicants Name:			Ontario Corporation Number:		
Business Address (if R.R. give Lot, Concession No. & Township)			Address for Service in Ontario (if different from Business Address)		
City	Province <b>Ontario</b>	Postal Code	City	Province	Postal Code

**2) Applicant Information:**

Business Telephone Number: (      )	Business Fax Number: (      )
e-mail address:	Name of Regular Contact Person (Manager/Foreman/etc):

**3) Officers / Directors / Partners / Sole Proprietor (termed as 'applicant'):**

Last Name of Applicant:		Full First Name of Applicant:		Middle Initial:
Home Address (if R.R. give Lot, Concession No. & Township):			Birthdate:	
City:	Province:	Postal Code:	Home Telephone Number: (      )	

Last Name of Applicant:		Full First Name of Applicant:		Middle Initial:
Home Address (if R.R. give Lot, Concession No. & Township):			Birthdate:	
City:	Province:	Postal Code:	Home Telephone Number: (      )	

Additional information regarding Officers / Directors / Partners / Sole Proprietor attached:

We reserve the right to review documents that you advise us are on file for review.

Place an "X" in the appropriate checklist column:

4) Ontario Corporation Number:

Attached to Application	On File for Review
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First page of the Articles of Incorporation is attached .....

Attached to Application

On File for Review

5) Copy of current 'REGISTRATION of BUSINESS NAME OR STYLE' attached .....

6) Federal Business Tax Number BIN:

7) Garage Liability Insurance Company Details: .....

Insurance Company:	
Policy Number:	Expiry Date: (Month/Year):
Company or Broker Telephone Number:	

8) Workers Place Safety & Insurance: .....

Account Number:	Firm Number:
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9) Municipal Garage License (attached): Number  .....

Licensed for Auto Body and Fender Repair .....  (Check for YES)

Licensed for Spray Painting .....  (Check for YES)

Licensed for BOTH Auto Body / Fender Repair and Spray Painting .....  (Check for YES)

If your shop is NOT licensed by Toronto for Spray Painting, you must identify the sublet facility that you use for Spray Painting: \_\_\_\_\_

10) Waste Management Agreement Details: .....

Contract with (Company Name):	
Account Number:	Telephone:

11) Environmental Compliance Details: .....

Certificate of Approval by the Ministry of Environment if one has been issued

Issue Number:	Issue Date:
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12) Employee Compulsory Certification details: (INCLUDE ALL EMPLOYEES - EVEN THOSE WITHOUT QUALIFICATIONS)

Employee Last Name:	Employee First Name:	Number of Years Experience & Trade Skill	Trade Qualification or Apprenticeship Number Note: Enter 'X' if no Number
Sample SMITH	ROBERT	15 YEARS- PAINTER	X
Sample JONES	BILL	5 YR - COLL REPAIR TECH	310B-12345

Copies of wallet size trades certificates must be attached to the application

Additional information regarding EMPLOYEES is attached:

13) Repair Equipment:

"X" the appropriate box(es) to show the equipment you currently have:

- OXYGEN ACETYLENE WELDER
- MIG WELDER (make & Brand)
- ANCHORING SYSTEM FOR FULL FRAME VEHICLES
- 4 POINT ANCHORING SYSTEM FOR UNIBODY VEHICLES
- MEASURING EQUIPMENT
- HYDRAULIC STRUCTURAL REPAIR EQUIPMENT
- HEADLIGHT ALIGNMENT SYSTEM
- HYDRAULIC HOIST
- JACK STANDS
- SPRAY BOOTH   DOWNDRAFT
- SPRAY BOOTH TYPE  CROSSFLOW
- HOME BUILT
- OTHER

14) "X" the appropriate box(es) to show which of the following services you provide IN-HOUSE within your business, or that you SUBLET OUT:

	IN-HOUSE	SUBLET
<input type="checkbox"/> CAPABILITY TO PROVIDE 2 and 4 WHEEL ALIGNMENT .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAPABILITY TO REMOVE AND REPLACE / REINSTALL MECHANICAL EQUIPMENT .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GLASS REPLACEMENT .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIR BAG REPLACEMENT .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAPABILITY TO EVACUATE / RECHARGE AIR CONDITIONING SYSTEMS .....	<input type="checkbox"/>	<input type="checkbox"/>

(If "IN-HOUSE" checked on the above question, include copy of your O.D.P. card)

Note: If any of the above were marked "SUBLET" please provide on a separate sheet of paper the name and phone number of those businesses that you have SUBLET agreements with.

15) Do you have access to dimension guides appropriate to the vehicle being repaired? Yes  No

16) Do you have a complete and current set of ESTIMATING GUIDES?

Yes, MANUAL GUIDES:

Yes, COMPUTERIZED SYSTEM:

No

17) Do you have a separate restroom available for customers? Yes  No

18) Do you have a separate customer reception area or office? Yes  No  Inside /Outside?

19) Is your facility Wheelchair Accessible? Yes  No

20) Do you provide a Written Warranty for Collision Repair workmanship? Yes  No  Length:

21) Do you provide a Written Warranty for Auto Refinish? Yes  No  Length:

**NOTICE & CONSENT**

In order to complete or verify the information provided on this form, it may be necessary to collect additional information from or to exchange information with government and non-government sources. Only information relevant to your application will be collected.

I (Applicant) consent to the collection of this information. I understand that this information will be used to determine whether I am and remain qualified for the registration for which I am applying. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am and remain qualified to be accredited. The identification record which includes registrant's name, registration number, employer's name, business address and registration dates is part of the public record.

Signature of Applicant(s)		
Print Full Name(s)		

**NOTE:** For Corporations, the application must be signed by an officer. For partnerships, the application must be signed by all partners.

**WARNING:** If it is determined that the Applicant provided false information on this application, the facility name can / will lose accredited status.

Dated at:	this:	day of:	
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If you have any questions concerning the collection of information, please contact .... telephone noted below.

**CHECKLIST:**

- 1) Review all the questions and make sure you have completed them correctly. Missing information will delay the registration process.
- 2) Make sure that you have attached the appropriate forms (if applicable):
  - Copy of First Page of the Articles of Incorporation
  - Copy of current Registration of Business Name or Style
  - Copy of Municipal License
  - Copy of Garage Liability Policy
  - Copy of Waste Management Agreement
  - Copy of Trades Certification Wallet Cards
  - Copy of Ontario Ministry of Environment Certificate of Approval (if one was issued)
  - Signed copy of this Accreditation Application Form
- 3) Enclose a cheque or money order payable in the amount prescribed.

**By submitting an application form, you are approving a physical inspection of your facility for purposes of confirming the information provided. Failure to allow such inspection will lead to revocation or non-approval of accreditation approval.**

**PLEASE READ:**

The inclusion of a repair facility as "ACCREDITED" is not a guarantee of the facility's satisfactory performance.

"ACCREDITED" Repair Facilities have certified that they possess the minimum mandatory legal compliance and necessary equipment that can enable them to repair a collision damaged vehicle to pre-accident condition.

The Administrators and Contractors for the Accreditation Program, the owner(s) / operator(s) of Collision Reporting Centres, the City of Toronto, or Toronto Licensing accept no responsibility for errors or omissions in any listings of or identification of repair facilities.