

## Accessibility Compliance Report

You can use one form to file an accessibility compliance report for up to 20 organizations. To do so, you need each organization's:

- legal name
- business number (BN9) or AODA identifier
- number of employees in Ontario
- address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- certifier
- answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

**Note:** While business and non-profit organizations with 1-19 employees are not required to submit an accessibility compliance report, they must still comply with the AODA.

### Organization information

**Table 1: Organization category, number of employee range and reporting year**

| Organization Category (required) | Number of employee range (required) | Reporting year (required) |
|----------------------------------|-------------------------------------|---------------------------|
| Business or Non-profit           | 20-49 employees                     | 2026 BNP                  |

## **Business details**

### **How to count your employees?**

In your employee count, include all:

- full-time employees
- part-time employees
- seasonal employees
- contract workers

Do not count:

- employees outside Ontario
- volunteers
- independent contractors

### **How can I find my CRA business number or AODA Identifier?**

You can find your BN9 number by:

- Logging into the CRA My Business Account
- Checking your GST/HST or Corporation Notice of Assessment under Notice Details
- Checking your GST/HST credit notice
- To learn more, visit Business number - Canada.ca ([https://www.canada.ca/en/services/taxes/business-number.html?utm\\_campaign=not-applicable&utm\\_medium=vanity-url&utm\\_source=canada-ca\\_business-number](https://www.canada.ca/en/services/taxes/business-number.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_business-number))

If you do not have a BN9, please contact [aoda.assistance@ontario.ca](mailto:aoda.assistance@ontario.ca) to receive an AODA identifier.

### **How to find your industry?**

You can search for North American Industry Classification (NAICS) codes using the Statistics Canada website (<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1369825>).

**Table 2: Organization business details (maximum up to 20)**

| <b>Item Number</b> | <b>Organization legal name (required)</b> | <b>Number of employees in Ontario (required)</b> | <b>Business number (BN9) or AODA identifier (required)</b> | <b>Operating / business name</b> | <b>Organization Sector (required)</b>              | <b>Subsector (required)</b>  | <b>Industry Group (required)</b>                                 |
|--------------------|---|--|--|----------------------------------|--|------------------------------|--|
| Item # 1           | 646321 Ontario Ltd                        | 25   | 106493018  | Emergency Lighting Service       | 81 - Other Services (except Public Administration) | 811 - Repair and Maintenance | 8112 - Electronic and Precision Equipment Repair and Maintenance |

**Business address**

Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.

**Table 3: Organization business address (maximum up to 20)**

| <b>Item Number</b> | <b>Organization legal Name (required)</b> | <b>Address line 1 (required)</b> | <b>Address line 2</b> | <b>City (required)</b> | <b>Province or State (required)</b> | <b>Postal code or Zip code (required)</b> | <b>Country (required)</b> |
|--------------------|---|----------------------------------|-----------------------|------------------------|-------------------------------------|---|---------------------------|
| Item # 1           | 646321 Ontario Ltd                        | 114 - 114 GALAXY BLVD Boulevard  | N/A                   | TORONTO                | ON (Ontario)                        | M9W 4Y6                                   | Canada                    |

**Mailing address**

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

**Table 4: Organization mailing address (maximum up to 20)**

| <b>Item Number</b> | <b>Organization legal name (required)</b> | <b>Address line 1 (required)</b> | <b>Address line 2</b> | <b>City (required)</b> | <b>Province or State (required)</b> | <b>Postal code or Zip code (required)</b> | <b>Country (required)</b> |
|--------------------|---|----------------------------------|-----------------------|------------------------|-------------------------------------|---|---------------------------|
| Item # 1           | 646321 Ontario Ltd                        | 114 - 114 GALAXY BLVD Boulevard  | N/A                   | TORONTO                | ON (Ontario)                        | M9W 4Y6                                   | Canada                    |

**Certification statement**

Section 15 of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise, the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

**Acknowledgement**

I certify that all the information is accurate, and I have the authority to bind the organization (required)

Certification date (yyyy-mm-dd) (required) 2026-05-26

**Certifier information**

**Table 5: Certifier information**

| Last name (required) | First name (required) | Position title (required) | Business phone number (required) | Business phone number extension | Email (required)            | Alternate phone number | Alternate phone number extension | Fax number |
|----------------------|-----------------------|---------------------------|----------------------------------|---------------------------------|-----------------------------|------------------------|----------------------------------|------------|
| DE SANTOS            | TRACY                 | OFFICE MANAGER            | 416-749-7818                     | 230                             | tdesantos@els-batteries.com | N/A                    | N/A                              | N/A        |

**Primary contact for the organization(s)**

Check if the primary contact is same as the certifier

**Table 6: Primary contact information**

| Last name (required) | First name (required) | Position title (required) | Business phone number (required) | Business phone number extension | Email (required)            | Alternate phone number | Alternate phone number extension | Fax number |
|----------------------|-----------------------|---------------------------|----------------------------------|---------------------------------|-----------------------------|------------------------|----------------------------------|------------|
| DE SANTOS            | TRACY                 | OFFICE MANAGER            | 416-749-7818                     | 230                             | tdesantos@els-batteries.com | N/A                    | N/A                              | N/A        |

**Compliance questions**

**Customer Service Standards**

Question 1. Is your organization in compliance with all applicable requirements of the Customer Service Standards?

Yes  No

**Resources for Question 1**

- Read Ontario Regulation 191/11, Part IV.2: Customer Service Standards (<https://www.ontario.ca/laws/regulation/110191#BK148> ↗)
- Learn more about your requirements for question 1 (<https://www.ontario.ca/page/accessibility-rules-public-sector-organizations#section-7> ↗)
- The Accessibility Standards Checklist (<https://forms.mgcs.gov.on.ca/dataset/on00125> ↗)

**Comments for Question (Please provide additional details to support your answer)**

N/A