



**Ontario Motor Vehicle Industry Council**

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<i>For office use only</i>	
Reg #:	_____
W- ID:	_____
A- ID:	_____

**ADDITIONAL INDIVIDUALS FOR BUSINESS SUPPLEMENT**

**This form may be used only as a supplement.** Complete and submit this form with a **Business Application** or **Business Change Notice – Individuals** application when you require additional space to identify individuals.

**Add Officers, Directors, Shareholders, Sole Proprietors, Partners, Signing Officers and Other:**

- First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Birth Date (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Gender:  M  F Registration Number (if applicable): \_\_\_\_\_  
 Georgian College Student ID (if applicable): \_\_\_\_\_  
 Officer  Director  Shareholder  Sole Proprietor  Partner  Signing Officer – Bank Account  
 Signing Officer – Trust Account  Signing Officer – Dealership  
 Other Positions: \_\_\_\_\_

- First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Birth Date (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Gender:  M  F Registration Number (if applicable): \_\_\_\_\_  
 Georgian College Student ID (if applicable): \_\_\_\_\_  
 Officer  Director  Shareholder  Sole Proprietor  Partner  Signing Officer – Bank Account  
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 Other Positions: \_\_\_\_\_

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 Officer  Director  Shareholder  Sole Proprietor  Partner  Signing Officer – Bank Account

Signing Officer – Trust Account  Signing Officer – Dealership

Other Positions: \_\_\_\_\_

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Other Positions: \_\_\_\_\_

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Other Positions: \_\_\_\_\_

• First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F Registration Number (if applicable): \_\_\_\_\_

Georgian College Student ID (if applicable): \_\_\_\_\_

Officer  Director  Shareholder  Sole Proprietor  Partner  Signing Officer – Bank Account

Signing Officer – Trust Account  Signing Officer – Dealership

Other Positions: \_\_\_\_\_

**Add Person in Charge:**

• First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date (YYYY/MM/DD):      /      /       
Gender:  M  F Other Position(s): \_\_\_\_\_  
Registration Number (if applicable):       
Georgian College Student ID (if applicable):     

Check all of the following boxes that apply to the person in charge being added:

- Has been in charge of a dealership since January 1, 2007 without any break in time that amounts to two consecutive years
- Has completed the OMVIC certification course after January 01, 2009

• First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date (YYYY/MM/DD):      /      /       
Gender:  M  F Other Position(s): \_\_\_\_\_  
Registration Number (if applicable):       
Georgian College Student ID (if applicable):     

Check all of the following boxes that apply to the person in charge being added:

- Has been in charge of a dealership since January 1, 2007 without any break in time that amounts to two consecutive years
- Has completed the OMVIC certification course after January 01, 2009

\_\_\_\_\_  
Name of Authorized Individual/Employer

\_\_\_\_\_  
Signature of Authorized Individual/Employer

Date Signed (YYYY/MM/DD):      /      /     

\_\_\_\_\_  
Position of Authorized Individual

\_\_\_\_\_  
Name of person who completed/translated this application, if different from the authorized individual/employer