



OARA MEMBERSHIP APPLICATION FORM

Direct Member Application

FEE: \$500.00* + 13% HST = \$565.00

*Membership Fee \$250 + Non Refundable Application Fee \$250

Any private sector sole proprietorship, partnership or corporation recognized by their local and provincial government as being a legitimate business primarily engaged in the business of dismantling motor vehicles for their parts re-use and recycling in the Province of Ontario.

Company: _____

Address: _____

City: _____ Municipality: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Website: _____ Inventory System: _____

of Employees: _____ Years in Business: _____ # of vehicles bought/yr _____

Officers, Directors and/or Partners (list full names and positions):

My membership application has been sponsored by the following OARA Direct Member in good standing:

Provide photocopies of the following:
 Class C Garage License from MTO Motor Vehicle Dealers D License from OMVIC

(Applicant must be compliant with the Highway Traffic Act and Motor Vehicle Dealers Act by holding either or both of the above licenses.)

 Municipal License

(This license must clearly show that your business is licensed in the municipality you operate in as an auto wrecking, auto salvage, auto recycling or equivalent designation. If your municipality does not require a license, you need to submit a letter from your municipality, on their letterhead, indicating that a license is not required but the business, identified as an auto salvage, auto wrecking, auto recycling or equivalent designation, is in compliance with local zoning and bylaws.)

 Federal Business Tax Number WSIB Number Proof of Liability Insurance

 Ontario Tire Stewardship Registration Number Waste Generator Number, Ministry of Environment

 Waybills/Invoices showing disposal of: used oil, antifreeze, washer fluid, batteries, fuel, mercury switches
Provide colour photographs showing the following:
 Front of property Sales counter Parts storage and racking Scrap vehicle storage

 Delivery vehicles Vehicle dismantling Scrap tire storage Battery storage

 Waste storage CFC/hCFC recovery machines

OARA will undertake a facility tour and audit to the **Canadian Auto Recyclers' Environmental Code (CAREC)** (www.carec.ca) using an independent, trained auditor, once the above materials have been submitted and reviewed. The results of the audit will be used by the Membership Committee and Board of Directors to evaluate the application.

Provide the following completed documents:

___ Credit Application

___ Memorandum of Understanding

___ Criminal Background Check (Applicant is exempt from providing a Background Check if proof of valid D License is supplied.)

You may obtain the Criminal Background Check from your local police service. The Criminal Background Check should be submitted in a sealed envelope clearly marked with your name and that it contains a Criminal Background Check. It is NOT opened or seen by any Member or employee of OARA, it is only viewed by OARA's solicitor. The Criminal Background Check should be dated within one month of the date of your Application.

Read and Initial the following Code of Ethics and Standard Agreements:**OARA Code of Ethics**

As a condition of membership in the Ontario Automotive Recyclers Association (OARA), I agree:

- To respect the reputation, profile and status of OARA, and represent the association accordingly;
- To operate according to the ordinances, statutes and laws of the various jurisdictions;
- To promote the conservation of energy and the total utilization of our natural and manufactured resources;
- To minimize the reduction of usable automotive parts to scrap, as long as we believe there remains a reasonable potential of saving the energy it represents, by negating the need to manufacture a similar replacement part;
- To maintain a clean and non-polluting environment in and around our place(s) of business;
- To participate in the functions, activities, and programs of the Association, and where possible lend my/our business and professional expertise.

1. I have read and will abide by the OARA Code of Ethics. _____
2. I will participate in the Switch Out mercury recovery program. _____
I understand that participation in the Switch Out Program is mandatory for Direct membership. For details and to sign up, go to the Switch Out website: www.switchout.ca.
3. I understand that participation in all vehicle donation/retirement programs operated by OARA are only available to new Direct Members of OARA in good standing upon successful completion of a six (6) month probationary term. _____
4. I understand that I will need to successfully pass (75% score) an audit to the Canadian Auto Recyclers' Environmental Code before becoming a Direct Member. _____
5. I understand that terms and conditions on all payments to the Association are: Net 15 Days. _____
6. I am aware that a complete application consists of a: two (2) page application form; cheque for \$500+hst; various supporting photocopies and photographs; a completed Credit Application; successful Audit result; and a completed Background Check and Memorandum of Understanding. _____
7. I hereby consent to the release of the above information and specifically authorize OARA to receive the above information for purposes of evaluation of this membership application. _____

Applications missing information or missing payment will not be considered until all information is submitted.

Name: _____

Signature: _____ Date: _____

**Make cheque payable in full to OARA. Submit ALL supporting documents to OARA:
1447 Upper Ottawa Street, Unit 1, Hamilton ON L8W 3J6 Fax: 905- 538-7930 Email: admin@oara.com**



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Memorandum of Understanding

RECORD POLICE CLEARANCE

Applicant Name

Applicant Address

I, the undersigned, and an applicant for membership with Ontario Automotive Recyclers Association (hereinafter referred to as "OARA") do herewith and hereby agree as follows:

1. I am filing this Memorandum of Understanding, duly signed by myself and dated, in accordance with the application procedures set out by OARA for membership in OARA. I am filing this Memorandum of Understanding and filing the enclosed Criminal Background Check voluntarily.
2. I agree that OARA may forward this Memorandum of Understanding to its solicitor, together with my Criminal Background Check.
3. I further agree that upon receipt the solicitor for OARA is hereby authorized to open the sealed Criminal Background Check which accompanies this Memorandum of Understanding and to review my Criminal Background Check for purposes of determining my eligibility for membership in OARA.
4. I agree that the solicitor may maintain the Criminal Background Check on file indefinitely.
5. In the event that I am convicted of any violation under Provincial or Federal legislation I agree to immediately notify OARA of the details of any such conviction and I recognize that having been convicted may affect my ongoing eligibility for membership in OARA.
6. I acknowledge that the decision as to eligibility for membership in OARA is entirely the purview and responsibility of OARA.
7. I further agree to obtain another Criminal Background Check every five years and to submit a copy of the said Criminal Background Check to the Secretary of OARA at least once every five years in order to maintain my membership.

Applicant Signature:

Solicitor, OARA:

Date: _____

Date: _____

ONTARIO AUTOMOTIVE RECYCLERS ASSOCIATION

1447 Upper Ottawa Street, Unit 1, Hamilton ON L8W 3J6
Fax: 905- 538-7930 Email: admin@oara.com



CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of / Division of _____

Years in Operation: _____ Type of Business: _____

President/CEO: _____ A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____
Account No. _____ Phone: _____

Address: _____ City _____

Province _____ Postal Code _____

Credit References (Direct Members Preferred)

Reference 1: _____ Contact: _____
Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____
Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____
Phone No.: _____ Fax No.: _____

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION
Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information.
You will be serving our interest best if you provide the information over the phone. Thank you.
I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) _____ Title _____ Date _____