

Service Providers (on-going)

Accessibility Standards for Customer Service  
(Ontario Regulation 429/07)  
CERTIFICATE

TO: Liquor Control Board of Ontario (the "LCBO")

FROM: \_\_\_\_\_ (the "Service Provider")

Employee/Contractor/ Representative Name	Date of Hire	Date of Training

I certify that the above employees, contractors or representatives of the Service Provider have completed training on providing goods and services to persons with disabilities. I understand the LCBO is relying on this certificate to ensure that any employees, contractors or other representatives of the Service Provider who have any dealings with the public on behalf of the LCBO have received training as required by *Ontario Regulation 429/07 (Accessibility Standards for Customer Service)*.

\_\_\_\_\_  
Signature of Authorized Representative of  
Service Provider

\_\_\_\_\_  
Date

Name:

Title:

The personal information on this form is being collected under the authority of the Liquor Control Act, Sec. 3(n), R.S.O. 1990, c.L. for the purposes of maintaining a record of training. Should you have any questions regarding the collection and/or use of personal information, you may contact the Manager, Freedom of Information and Privacy at [foi@lcbo.com](mailto:foi@lcbo.com) or (416) 864-6842.