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

Item Number	Organization legal name (required)	Number of employees in Ontario (required)	Business number (BN9) or AODA identifier (required)	Operating / business name	Organization Sector (required)	Subsector (required)	Industry Group (required)
Item # 1	OutFront Portable Solutions Inc.	41	833706849	OutFront Portable Solutions Inc.	31-33 - Manufacturing	332 - Fabricated Metal Product Manufacturing	3329 - Other Fabricated Metal Product Manufacturing

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)

Item Number	Organization legal Name (required)	Address line 1 (required)	Address line 2	City (required)	Province or State (required)	Postal code or Zip code (required)	Country (required)
Item # 1	OutFront Portable Solutions Inc.	4664 Ontario Street	N/A	Beamsville	ON (Ontario)	L3J 0T9	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)

Item Number	Organization legal name (required)	Address line 1 (required)	Address line 2	City (required)	Province or State (required)	Postal code or Zip code (required)	Country (required)
Item # 1	OutFront Portable Solutions Inc.	4664 Ontario Street	N/A	Beamsville	ON (Ontario)	L3J 0T9	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) 2026-11-02

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
VanSteekelenburg	Mike	Director	905-563-9790	260	MIKEV@OUTFRONTPS.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
VanSteekelenburg	Mike	Director	905-563-9790	260	MIKEV@OUTFRONTPS.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