



CITY OF KINGSTON
RECREATION & LEISURE SERVICES
WORKPLACE PASSPORT APPLICATION

Portsmouth Olympic Harbour
53 Yonge St. Kingston, ON
Phone (613) 546-4291 Ext. 1806 Fax (613) 544-4776

Name of "Company" _____

Address _____ Postal Code: _____

Name of Owner/Manager _____

Phone Number _____ Fax Number _____

Email _____ Cell Number _____

The company warrants that it has a valid Workplace Safety and Insurance Board Certificate.
(Please attach a current Certificate to this Application. The Workplace Passport will not be
issued without a current Certificate).

Describe scope of work proposed: _____

The Company warrants that it has appropriate insurance in place. (Please attach a current Certificate
of Insurance to this Application. The Workplace Passport will not be issued without proof
of Insurance).

Only the following employees will perform the work described above at City of Kingston's
Marinas. The Company agrees that only employees listed on this Application will perform the job.

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

Passport Fee \$ 327.31 Tax applied at applicable rate.

The Company agrees to comply with the Policies and Regulations for City of Kingston
Workplace Passport.

Supervisor Community Facilities

Owner/Manager
I have authority to bind the Company