Franken LeDrew Consulting
Steps in the Right Direction
www.frankenledrew.com

Certified Green Contractor Registration Form

General Information: Please Print	
Company Name:	Date:
Representative Name:	
Title/Position:	
Street:	City:
Province:	Postal Code:
Phone Number: ( )	
Toll Free Number:	
E-mail: _____	Website: _____

Business Information: Please Print	
In what is your business Located:	□ Residence □ Office □ Industrial □ Other (please specify) _____
Number of years in business:	
Type of ownership:	□ Sole proprietorship □ Partnership □ Corporation
Number of employees/professionals:	
Number of full time employees:	
Number of part time employees:	

***Note: Please provide a Registration Form for each of the locations that you would like to introduce to Green Housekeeping.**

***Note: Please send a cheque, payable to Franken LeDrew Consulting along with your request for certification.**

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