

Organization Profile Update Report

You can use one form to file an organization profile update for up to 20 organizations. To do so, you need each organization's:

- legal name
- business number (BN9) or AODA identifier
- number of employees in Ontario
- address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- certifier

If not, you will need to complete a separate form for each organization.

Organization information

Table 1: Organization category and number of employee range

Organization Category (required)	Number of employee range (required)
Business or Non-profit	20-49 employees

Business details

How to count your employees?

In your employee count, include all:

- full-time employees
- part-time employees
- seasonal employees
- contract workers

Do not count:

- employees outside Ontario
- volunteers
- independent contractors

How can I find my CRA business number or AODA Identifier?

You can find your BN9 number by:

- Logging into the CRA My Business Account
- Checking your GST/HST or Corporation Notice of Assessment under Notice Details
- Checking your GST/HST credit notice
- To learn more, visit Business number - Canada.ca (https://www.canada.ca/en/services/taxes/business-number.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_business-number ↗)

If you do not have a BN9, please contact aoda.assistance@ontario.ca to receive an AODA identifier.

How to find your industry?

You can search for North American Industry Classification (NAICS) codes using the Statistics Canada website (<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1369825> ↗).

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	Avenue collision inc	49	829296201	Avenue collision inc	81 - Other Services (except Public Administration)	811 - Repair and Maintenance	8111 - Automotive Repair and Maintenance

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	Avenue collision inc	293 Macpherson ave	N/A	Toronto	ON (Ontario)	M4V 1A4	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	Avenue collision inc	293 Macpherson ave	N/A	Toronto	ON (Ontario)	M4V 1A4	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) 2026-08-24

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
Singh	Steven	Manager, Human Resources	416-259-6344	N/A	steven@427auto.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
Singh	Steven	Manager, Human Resources	416-259-6344	N/A	steven@427auto.com	N/A	N/A	N/A