

### Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (\*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

# You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
  organization. You can find it on your federal or provincial tax return. If your organization does not have a business
  number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

# File for up to 20 organizations at once

You can use one form to file a report 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
- answers to all of the accessibility compliance questions

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

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

# Begin your report

Follow these steps to complete your form:

#### 1. Download and save the form

- · Download and save the form on your computer
- Open the form with the latest version of Adobe Reader

### 2. Enter your organization's information

Enter your organization's information then select Next

#### 3. Understand your requirements

If you need information about the requirements, select the website link in section B: Understand your
accessibility requirements. This will bring you to our website where you can see your requirements.

### 4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
  - make sure all information on the form is complete and accurate
  - check the box to show they have authority to certify your organization
  - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

#### 5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
  - organization category
  - number of employees range
- Select Yes (if you are in compliance) or No (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- · Each report question has links to:
  - the regulation section that is related to that question
  - helpful resources to help you understand and comply with the requirements
- · Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- · Review the accessibility compliance report summary.

#### 6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
  report, select the Save and Submit button. You will be prompted to save the form on your computer first
  and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
  - a confirmation number
  - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

#### Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.



# 2023 Accessibility Compliance Report

#### Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the <u>Integrated Accessibility Standards Regulation (IASR)</u> you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the <u>IASR</u>, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (\*) are mandatory. A. Organization information Organization category \* Number of employees range \* Reporting year Business or Non-profit 20-49 employees 2023 **Business details** Organization legal name \* Number of employees in Ontario \* 674469 Ontario Ltd 45 Business number (BN9) \* Help 106536055 Check if operating/business name is same as legal name Organization operating/business name Scarboro Subaru Sector that best describes your organization's principal business activity \* Help 44-45 - Retail trade Subsector (if possible) 441 - Motor vehicle and parts dealers Industry group (if possible) 4411 - Automobile dealers Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Country \* The fields below will change based on your selection. Canada () USA International Type of address \* Street address Street address served by route Other) Unit number Street number \* Street name \* 2584 Eglinton Avenue. E Street type City \* Street direction Province \* Scarborough ON (Ontario) Postal code (e.g. A1A 1A1) \* M1K 2R5 Business address (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.) Check if business address is same as mailing address

Country *		· · · · · · · · · · · · · · · · · · ·	**************************************		**************************************	F
The fields belo	w will change based	on your s	selection.			
Canada	0	USA	◯ Interna	itional		
Type of addres	is * 🜘 Street addre	ess	Street address served by route	Other		
Unit number	Street number * 2584	Street i	name * on Avenue. E		A CONTRACTOR OF THE CONTRACTOR	
Street type	Street direction		City ` Scarborough		Province * ON (Ontario)	*******
Postal code (e. M1K 2R5	g. A1A 1A1) *			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	***************************************

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

**Note:** All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



# 2023 Accessibility compliance report

Organization category Business or Non-profit							
Number of employees range 20-49							
Filing organization legal name 674469 Ontario Ltd	Filing organization legal name 674469 Ontario Ltd						
Filing organization business number (BN9) 10653608	Filing organization business number (BN9) 106536055						
Fields marked with an asterisk (*) are mandatory.							
B. Understand your accessibility requirements	3	11131331			1 1 1 1 to 10 10 to 10 t		
Before you begin your report, you can learn about your acc	essib	lity requirements at	<u>ontario</u>	o.ca/accessib	Σίlity		
Additional accessibility requirements apply if you are:  • a library board	"						
<ul> <li>a producer of education material (e.g. textbook</li> </ul>	oks)						
<ul> <li>an education institution (e.g. school board, co</li> </ul>	<ul> <li>an education institution (e.g. school board, college, university or school)</li> </ul>						
• a municipality							
C. Accessibility compliance report certificatio	n	AND THE PARTY OF T	····,,, , ,	<del>&gt; - ( 1 ) - ) - ) - 1 - 1 - ( 333) - ( 1336) - (</del>	, , , , , , , , , , , , , , , , , , , ,		
Section 15 of the Accessibility for Ontariens with Disabilities Act, 2005 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	<b>)</b> .						
Primary Contact: The person who will be the main contact	for a	ccessibility issues.					
Acknowledgement							
☑ I certify that all the information is accurate and I have the	e auth	nority to bind the org	anizati	ion *	r - y 1990 au mininte and marine		
Certification date (yyyy-mm-dd) * 2023-04-27							
Certifier information				40-1-43-1-43-1-5-1-4-1-5-1-5-1-4-1-4-1-5-1-5-1-5-1-1-1-1			
Last name * First name * Josie							
Position title * Business phone number * Manager, Human Resources 905-209-0002	Ext 11		eck her TY	e			
Email * jrustico@vautogroup.ca		Afternate phone nu	mber	Extension	Fax number 905-209-9391		
Primary contact for the organization(s)				attention (and of 1997) - 19			
Check if the primary contact is same as the certifier Last name * Rustico	,,,,,,	First name * Josie	,,,,,				

Manager, Human Resources	Business phone number * 905-209-0002	Extension 115	Check he	re		
Email * jrustico@vautogroup.ca		Alternate	phone number	Extension	Fax number 905-209-9	
D. Accessibility complian	ce report questions	X-1011)))) dominos)	)	10000	, ,,	туп
Instructions	**************************************	40000	CONTRACTOR OF THE STATE OF THE		¥ ¥ , 1 u	
Please answer each of the follow	ing compliance questions. L	Jse the Comn	ents box if you v	vish to comm	nent on any r	esponse.
If you need help with a specific quiview the relevant AODA regulation	uestion, click the help links v	which will ope	n in a new brows	er window. t	Ise the link o	
Customer Service		<del>,,,</del>	***************************************	Y*************************************		
Does your organization provio persons with disabilities to the     Staff and volunteers	de training about providing g e following? *	joods, service	s or facilities to		Yes	O №
People involved in develop	ning appaesihilitu nalinine					
	ping accessionity policies ervices or facilities on beha	lf of the organ	ization			
(If Yes, please answer an add		ii oi ale oigali	124((01)			
Read O. Reg. 191/11, s. 80,49; T	•		Learn more abo	ut vour reau	irements for	auestion 1
1.a. Does the training include	e all of the following: *				Yes	O No
<ul> <li>A review of the purp</li> </ul>	oses of the AODA?	,				***
<ul> <li>A review of the purp</li> </ul>	oses of the Customer Service	ce Standards*	,			
<ul> <li>How to interact and</li> </ul>	communicate with persons	with various ty	pes of disability?	<b>,</b>		
<ul> <li>How to interact with the assistance of a g person?</li> </ul>	persons with disabilities who puide dog or other service an	o use an assi nimal or the a	stive device or re ssistance of a su	quire pport		
<ul> <li>How to use equipme provided by the prov facilities to a person</li> </ul>	int or devices available on thicker in the properties of the prope	ne provider's provision of gr	premises or other oods, services or	wise		
, , , , , , , , , , , , , , , , , , ,	on with a particular type of d er's goods, services or facil		ing difficulty			
Read O. Reg. 191/11. s. 80.49	9; Training for staff, etc.		Learn more abo	ut your requi	rements for	question 1.a
Comments for question 1.a						

2.	If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question)	Yes	○ No
R	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions  Learn more about	t your requirement	s for question 2
	2.a. Does the notice of the disruption include all of the following? *	Yes	O No
	The reason for the disruption?  Its entiring tend disretter?		
	<ul> <li>Its anticipated duration?</li> <li>A description of available alternative facilities or services (if any)?</li> </ul>		
	Shad Shad and the state of the	t your requirement	s for question 2.a
	Comments for question 2.a		
3.	Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question)	<b>●</b> Yes	○ No
	ead O. Reg. 191/11, s, 80.47 (5): Use of service animals and Learn more about	t your requirement	s for question 3
	3.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: *  Consult with the person with a disability?	Yes	○ No
	<ul> <li>Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?</li> </ul>		
	<ul> <li>Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?</li> </ul>		
	Read O. Reg. 191/11 s. 60.47 (5): Use of service animals and Support persons	your requirements	s for question 3.a
	Comments for question 3.a		
		- P.W. \$111 (1111) (1111)	Manual my 44 d Stray or a manual my



# 2023 Accessibility Compliance Report

E. Accessibility compliance report summary	111111111111111111111111111111111111111
Fields marked with an asterisk (*) are mandatory.	
Filing organization business number (BN9) 106536055	
Filing organization legal name 674469 Ontario Ltd	
Number of employees range 20-49	
Organization category Business or Non-profit	

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. Your organization may be audited to verify compliance.