



Certificate of Information Request Form

- This form is also available as a fillable PDF form on the AGCO website at www.agco.ca
- Fill out all required information, save the completed form and email to certified.copies@agco.ca
- Note: This is a two-page form. Please complete both pages.
- For assistance, please contact AGCO Customer Service, Monday to Friday, 8:30 a.m. to 5:00 p.m. (EST) General telephone: 416-326-8700, or toll free in Ontario: 1-800-522-2876

Please allow a minimum turnaround time of 10 business days.

| PART I: Requestor Information | | All information below must be completed in full. |
|--|-------------|--|
| Date Requested | | Enter as MM/DD/YY |
| Requestor Name | | |
| Title / Badge / Service / Division | POLICE ONLY | |
| Address | | |
| Telephone | | |
| Email Address | | |
| Purpose of Request | | |
| Date Required | | Enter as DD/MM/YY |
| PART II: Information Requested | | |
| <input type="checkbox"/> Status of Licence/Authorization/Registration/Permit (e.g., Active, Inactive, Suspended) | | |
| <input type="checkbox"/> Copy of application as submitted by Applicant | | |
| <input type="checkbox"/> Copy of issued Licence/Authorization/Registration/Permit | | |
| <input type="checkbox"/> Supporting application documents (e.g., floor plans). Please specify in the box below. | | |
| <div style="border: 1px solid black; height: 40px;"></div> | | |
| <input type="checkbox"/> Legal Entity Information / Corporate Profile | | |
| Please note: The AGCO is no longer handling requests for this information unless the Requestor has been referred by an AGCO Inspector (formerly called Compliance Official). Law enforcement and other agencies should contact the Ministry of Government and Consumer Services for the appropriate form at companies.searchproducts@ontario.ca . | | |
| Have you been instructed by an AGCO Inspector to request this profile? If yes, please provide name in the space provided. | | <div style="border: 1px solid black; height: 40px;"></div> |

Certificate of Information Request Form (continued)

| PART III: Details | | Please provide complete information on the Entity for which this information is being requested. |
|--|--|--|
| Legal Entity Name | | |
| Establishment Name | | |
| Licence/Authorization/Registration/Permit Number | | |
| PART IV: Premises Address | | |
| Street | | |
| Unit Number (if applicable) | | |
| City | | |
| Province | | ON |
| Postal Code | | |
| PART V: Incident or Infraction Date | | |
| Specify the date(s) or period for which this information is being sought | | |
| PART VI: Other | | Please provide any additional information to facilitate the search process. |
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