**Print, sign and submit this form to your Manager or Trade-Mark Health and Safety Coordinator.**

I acknowledge that I have watched or read the AODA Customer Service and

Integrated Accessibility Standards Training document; outlining the following

subjects:

* Accessibility for Ontarians with Disabilities Act (AODA)
* Customer Service Standard
* Integrated Accessibility Standards Regulation
* Ontario Human Rights Code
* Support for Customers and Employees with Disabilities

I acknowledge my responsibility to act in accordance with this information and

applicable Trade-Mark policies. I understand my right to the provision of accessible goods

and services and employment.

Name: (please print legibly)

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Trade or Dept.:

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Date:

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Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_