



Automotive Recyclers Association
OF ATLANTIC CANADA

Direct Member Application

APPLICATION FEE: \$450.00* + HST

CAREC Audit Fee: \$405 + HST + Travel Expenses (approximately \$175)

*Membership Fee of \$350 + Non Refundable Application Fee of \$100

Any person, partnership or corporation in good standing engaged in the Atlantic provinces in the work of "Auto Recycling" (the efficient, environmentally responsible processing of motor vehicles primarily for auto parts dismantling and resale of component parts) who has paid the fees for membership as a Direct Member and who has been admitted as a Direct Member by the Association in accordance with the rules for membership.

Company: _____

Address: _____

City: _____ Municipality: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Website: _____ Inventory System: _____

of Employees: _____ Years in business: _____ # of vehicles bought/yr _____

Officers, Directors and/or Partners (list full names and positions):

Name of Sponsoring Direct Member and/or Business References (optional but encouraged):

Provide photocopies of the following:

___ Provincial Salvage License _____ Workers Compensation Number

___ Federal Business Tax Number _____ Proof of Liability Insurance

___ Criminal Background Check for all Officers, Directors and Partners

You may obtain the Criminal Background Check from your local police service. The Criminal Background Check should be submitted in a sealed envelope clearly marked with your name and that it contains a Criminal Background Check.

___ Waybills/Invoices showing disposal of:

___ tires ___ used oil ___ antifreeze ___ washer fluid ___ batteries ___ fuel ___ mercury switches

Provide colour photographs showing the following areas:

___ Front of building ___ Business sign ___ Sales area ___ Parts storage/racking ___ Scrap vehicle storage

___ Delivery vehicles ___ Vehicle dismantling ___ Scrap tire storage ___ Scrap Battery storage

___ Waste storage area (ie, oil, gas, fluids) ___ Refrigerant recovery machines

Once the above information is submitted and reviewed by the Board and Membership, the applicant must undertake a facility tour and audit to the Canadian Auto Recycler's Environmental Code (CAREC). The results of the audit will be used to provide a final approval of the application. More information and audit resources can be reviewed and downloaded at www.carec.ca.

Read and initial the following Standard Agreements:

ARAAC Code of Ethics

As a condition of membership, or continued membership in the Automotive Recyclers Association of Atlantic Canada, I/we accept the following responsibilities:

- To operate according to the ordinances, statutes and laws of the various jurisdictions that affect our business;
- To determine, within all practical limits, the quality, condition and fair market price of each automotive part offered for sale and represent the same to other recyclers and the public as accurately as possible;
- To promote the conservation of energy and total utilization of our natural and manufactured resources;
- To be compatible business neighbours while maintaining the highest standards of business ethics and conduct;
- To maintain a clean, safe and non-polluting environment in and around our business;
- To treat the customer in a fair and professional manner, clearly identifying any and all warranties or conditions prior to sale; and,
- To participate as much as possible in the functions and activities of the Association and where possible lend my/our business and professional expertise for its further development.

1. I have read and will abide by the ARAAC Code of Ethics. _____
2. I will actively participate in the Switch Out mercury recovery program. _____
I understand that non-compliance with the policies of the Switch Out program may result in suspension from ARAAC programs and loss of membership. For details and to sign up, go to the Switch Out website: www.switchout.ca.
3. I understand that participation in vehicle donation/retirement programs operated by ARAAC are only available to new Direct Members of ARAAC in good standing upon successful completion of a successful CAREC audit. _____
4. I understand that terms and conditions on all payments to the Association are: Net 30 Days. _____
5. It is expected that Direct Members will attend at least one (1) ARAAC Member Meeting per year. _____
6. I will adhere and conform to any future programs, activities and membership criteria that are approved by the ARAAC Board of Directors or Members. _____

Applicants will be reviewed by the ARAAC Board of Directors and the overall membership before their application can be approved.

I am aware that a complete application consists of: this two (2) page application form; cheque for \$450 + HST; various supporting photocopies and photographs, a successful (>74% score) audit to the CAREC standard, and a completed criminal background check for all listed Directors, Officers and Partners.

I hereby consent to the release of the above information and specifically authorize ARAAC to receive the information for purposes of evaluation of this membership application.

Applications missing information or missing payment will not be considered until all information is submitted.

Name: _____ Telephone: _____

Signature: _____ Date: _____

(I have the authority to bind the company.)

Make application cheque payable in full to ARAAC. CAREC audit payments are made directly to the Auditor.

Submit ALL supporting documents to ARAAC:

134 Langarth Street East, London ON N6C 1Z5 Fax: 1-905-383-1904 Email: araac@execulink.com