



## Business Information Form (for Applications by Association)

Business/Organization Name:		Other Names/Subsidiaries if applicable:	
Mailing Address:			
Nova Scotia address: (if different address for staff receiving training)			
Nova Scotia Registry of Joint Stocks Number:		Business ID Number (Canada Revenue Agency):	
Contact Person:		Position Title:	
Telephone (with extension):		Email:	
<b>Authorization:</b> I certify that I am an authorized officer of the organization named above, and that the information provided in this form is true and correct to the best of my knowledge and belief. <b>I will complete the survey link provided at the end of the training.</b>			
Signature: _____		Date: _____	

### The following questions relate to business operations in Nova Scotia

North American Industry Classification System code (NAICS):		Sector:	
Business Description:			
Number of Full-Time Equivalencies (FTE's):	[ _____ ] ÷ 1820 =		(# of FTE's)
(Total Hours)			
Number of Full-time Employees: (35+ hours/week)		Number of Part-time/Seasonal Employees: (less than 35 hours/week or less than 12 months/year)	
Wages & salaries paid for full-time employees: (CAD for last fiscal year)		\$ _____	
Wages & salaries paid for part-time employees: (CAD for last fiscal year)		\$ _____	
Company paid training investments: (CAD for last fiscal year)		\$ _____	
Number of years/months the business has operated (e.g. 1 year and 6 months):		Years: _____	Months: _____
Total sales: (CAD for last fiscal year)		\$ _____	
Does the business export outside Nova Scotia?	YES	NO	If yes, what percentage of revenue is derived from exports? ____%