

**PRESCRIBED FORM: DOMESTIC CONTENT DECLARATION**

RE: SECTION 1.6(a)(i) OF EXHIBIT D - FIT CONTRACT VERSIONS 1.3 & 1.5

RE: SECTION 1.2(a)(i) OF EXHIBIT C - FIT CONTRACT VERSION 2.1.1

**SUBMIT BY E-MAIL (PDF WITH SIGNATURE) TO:**

[FIT.Contract@ieso.ca](mailto:FIT.Contract@ieso.ca)

Capitalized terms not defined herein have the meanings ascribed thereto in the FIT Contract.

<b>Date</b>			
<b>Legal Name of Supplier</b>			
<b>FIT Contract Identification #</b>	(the "FIT Contract")		
<b>Contract Date</b>			
<b>FIT Contract Version</b>	<input type="checkbox"/> Version 1.3	<input type="checkbox"/> Version 1.5	<input type="checkbox"/> Version 2.1.1

**STATUTORY DECLARATION  
PROVINCE OF ONTARIO**

**IN THE MATTER OF**

FIT Contract: F- \_\_\_\_\_

I, \_\_\_\_\_, of the \_\_\_\_\_  
of \_\_\_\_\_, in the Province of Ontario, DO SOLEMNLY DECLARE, on  
behalf of the service provider, without personal liability, that:

1. The full legal name of the service provider is: \_\_\_\_\_ (the "Service Provider").

2. I am the/an: \_\_\_\_\_ of the Service Provider and, as such, have knowledge of the matters described herein.

3. The Designated Activity(ies), as specified in the FIT Contract, is/are:

\_\_\_\_\_

4. The Service Provider provides: \_\_\_\_\_ (the "Services")

to the Supplier in relation to the above-noted Designated Activity(ies) and the Contract Facility/Facility, as applicable, that are the subject of the FIT Contract.

5. I have reviewed the:

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**Note:** insert the document(s) reviewed that indicate that the Service Provider's employees who provided the Services in relation to the Designated Activity(ies) to the Supplier are Resident in Ontario.

of all Service Provider employee(s) who has/have provided the Services in relation to the above-noted Designated Activity(ies).

6. I attest that at least 95 percent of the total person-hours required to carry out the Services in relation to the above-noted Designated Activity(ies) were performed by Service Provider employee(s) who have an Ontario address.

**AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.**

**DECLARED before me at the**

\_\_\_\_\_

**of**

\_\_\_\_\_

**in the Province of Ontario, this**

**day of** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**A Commissioner for Oaths, etc.**

\_\_\_\_\_  
**(Print name of Declarant)**

\_\_\_\_\_  
**(Signature of Declarant)**

**Note:** Statutory Declarations must be solemnly declared and signed before commissioners of oaths or similar officials (e.g. notary public). The Commissioner for Oaths signs the left side of this document, and the Declarant signs the right side.