

Organization category **Designated Public Sector**

 Number of employees range **50+**

 Filing organization legal name **Humber College**

 Filing organization business number (BN9) **107497273**

Fields marked with an asterisk (\*) are mandatory.

**D. Accessibility compliance report summary**

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

**E. Accessibility compliance report certification**

 Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Accessibility Directorate to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

**Acknowledgement**
 I certify that I have the authority to bind all organizations specified in Section A of this form. \*

 I certify that all the required information has been included in this report, and, \*

 I certify that the information in this report is accurate. \*

 Certification date (yyyy-mm-dd) \* **2017-04-24**
**Certifier information**

 Last name \*  
**SIMMS**

 First name \*  
**NANCY**

 Position title \*  
**Administrator**

 Business phone number \*  
**416 675-6622**

 Extension  
**4425**
 Check here if TTY

 Email \*  
**nancy.simms@humber.ca**

Alternate phone number

Extension

Fax number

**Primary contact for the organization(s)**
 Check if the primary contact is same as the certifier

 Last name \*  
**SIMMS**

 First name \*  
**NANCY**

 Position title \*  
**Administrator**

 Business phone number \*  
**416 675-6622**

 Extension  
**4425**
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