2020 Accessibility Compliance Report

Organization category Business or Non-profit				Number of employees range 50+			
Filing organization legal name Blue Mountain Resorts LP							
Filing organization business number (BN9) 821962784							
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 Ministry for Seniors and Accessibility 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) * 2021-05-12							
Certifier information							
Last name *			First n	ame *			
Kariunas			Scott				
Position title * Vice President ▼	Business phone number * 705-445-0231	Exten		Check here if	TTY		
Email *			Altern	ate phone number	Extension	Fax number	
skariunas@bluemountain.ca							
Primary contact for the organization(s)							
Check if the primary contact is same as the certifier							
Last name *			First name *				
Kate				Sparling			
Position title * Other The state of the st	Position title other * Advisor, Human Resou	rces	A CONTRACTOR OF THE PARTY OF TH	ess phone number 445-0231	* Extension 51404	Check here if TTY	
Email * ksparling@bluemountain.ca			Alternate phone number Extension Fax number				
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