

Bruce Telecom Accessibility Certification Form

At Bruce Telecom, we are committed to making our services more accessible and have introduced products and enhanced services tailored to meet the needs of our customers.

Instructions

In order to register as having an accessibility need, please complete the below form and submit it to the address below. Once your completed form has been processed, we'll contact you to confirm your registration and advise which services you qualify for.

The section of the below form titled "Certification of Accessibility Need" must be completed by EITHER a medical practitioner or a representative of an organization who can attest to your medical accessibility need. These include the following:

- For hearing accessibility needs: Medical doctor or audiologist
- For speaking accessibility needs: Medical doctor or speech-language pathologist
- For visual accessibility needs: Medical doctor, optometrist, or ophthalmologist
- For physical mobility or cognitive accessibility needs: Medical doctor
- For environmental sensitivity (electronics or odors): Medical doctor
- For any accessibility need: A representative of an organization who can attest to your medical accessibility need

Contact Information

The completed certification form may be submitted to Bruce Telecom using either of the following methods:

1. **By E-mail:** accessible@brucetelecom.com
2. **By Mail:**
Customer Care Manager
3145 HWY 21
Tiverton, Ontario
N0G 2T0

For Questions

If you have any questions, please contact our Customer Care Team at:

Telephone: 1-866-517-2000

Email: accessible@brucetelecom.com

Bruce Telecom Accessibility Certification Form

Name of applicant: _____

Email address: _____

Address: _____ Phone Number: _____

_____ Date of Birth: _____

Accessibility Need(s):

- Hearing
- Speaking
- Visual
- Physical mobility or cognitive
- Environmental sensitivity
(electronics or odors)
- Other _____
(Please specify)

Place office stamp here

Please indicate which discounts and credits you would like to apply for at this time:

- Accessibility Credit for select mobile phone plans - \$20 per month credit
- 411 Directory Assistance Exemption for both mobile and/or home phone - free calls to 411

Certification of Accessibility Need*

Name of medical practitioner or organization rep.: _____

Title: _____

License # (if applicable): _____

Organization name: _____

Business address: _____

Contact number: (_____) _____ - _____

I, the undersigned, certify that the Applicant has an accessibility need.

Signature: _____

Date (dd-mm-yyyy): _____

* Must be completed by a medical practitioner or a representative of an organization that can attest to the applicant's medical accessibility need.

Bruce Telecom is not responsible for any charges incurred to obtain certification