

# **CERTIFICATE OF RECOGNITION (COR) PROGRAM**

## **Construction**

### **Registration Form**

Yes, I have read the program summary and agree to the terms and conditions. I would like to participate in the **Northern Construction Safety Association (NCSA) COR** program.

Company's Legal Name: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: Fax Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Person(s) for COR: Signature: \_\_\_\_\_

WCB Account Number: WCB Industry Code(s): \_\_\_\_\_

Do you have any related Companies Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list below:

Legal Name WCB Account # WCB Ind. Code # \_\_\_\_\_

To be signed by CEO, Manager or Owner of Company showing commitment in participating in the COR Program:

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

My signature indicates that all the information on this form is true and correct.

Please return this form to one of the addresses below:

Northern Construction Safety Association  
Box 2277, 4921 49th Street  
Yellowknife, NT  
X1A 2P7  
Email: info@ncsa-nt.ca  
T: (867) 920-0763, F: (867) 920-0764

The information provided will be used for registration in the NCSA Certificate of Recognition (COR) program. The NCSA does not distribute any of this information to third parties.