



No Work Activity Payroll Form			
Company Information			
Legal Name of Company		Company Trade Name or Operating As Name	
WorkSafeBC Account Number		WorkSafeBC Classification Unit(s)(CU)	
Name of Company Owner / Principal		Name of Health & Safety Contact	
Company Address (Street and PO Box if applicable)		City / Town	
Province	Postal Code	Company Email Address	
Company Phone Number		Cellular Number	Fax Number
SAFE Certification #			
Tick one or more as appropriate			
<input type="checkbox"/> I hereby attest that this company has had zero assessable payroll in all of 2009 for the WorkSafeBC Account(s) and Classification Unit(s) above for which it was SAFE certified. Furthermore, I give permission for the BC Forest Safety Council to verify that information with WorkSafeBC.			
<input type="checkbox"/> I hereby attest that this company has ceased operations in 2009 or previous and has no intentions of resuming operations under the registered name and/or WSBC Account. Please cancel our SAFE certification and registration and remove the company from mailing lists.			
Please sign			
Submitted by		Signature	Date Submitted
Send completed form by:		Fax: (250) 741-1068 or Email: safeco@bcforestsafe.org	Or mail to: BC Forest Safety Council 420 Albert Street Nanaimo, BC V9R 2V7