

Enrollment Form INDIVIDUAL OWNER OPERATOR OHS TRAINING

Refer to Course Webpage for Full Details:

https://www.bcforestsafe.org/individual-owner-operator-ohs-training/

| Participant Information (complete fully and print clearly) | | | | | | |
|--|--------------------|-----------------------|---|------------------------|--|--|
| Legal First Name | Legal Middle N | Legal Middle Name | | Legal Last Name | | |
| Nickname (if applicable) | Former Name | Former Name (e.g., ma | | Birthdate (mm/dd/year) | | |
| Mailing Address (Street; PO Box) | | City/Town | | , | Province, Postal Code | |
| Phone Number P | ersonal/Cell Phone | | Email Address | | | |
| Company Information | | | | | | |
| Legal Name of Company | | | Company Trade Name or "Operating As" Name | | | |
| WorkSafeBC Account Number Registered with SAFE Co | | | ompanies certification program as an Individual Owner Operator? | | | |
| Work Activity (manual falling; mechanized harvesting; log hauling; engineering; other – please indicate) | | | | | | |
| Course Fee (payment must accompany this enrollment) | | | | | | |
| Self-directed Online Session: \$105.00 (includes 5% GST) | | | | | | |
| Payment Method: □ Enclosed Cheque (payable to BC Forest Safety Council) □ VISA □ MasterCard □ | | | | | | |
| Name on Card | | | iry Date (MM, YY) | Date (MM, YY) | | |
| Credit Card Number | | | | | 2000 0000 2000 2000 0000 0000 0000 000 | |
| Cardholder's Signature | | | | IMPORTAN | T: Please include CVD (3 digit security code on back of credit card) | |

Your company, personal and financial information is only used for purposes of course enrollment and SAFE Companies verification. Confidential information will not be disclosed to third parties. Your information is valuable, and we ensure all reasonable measures are taken to protect it.

| Send completed form to BC Forest Safety by: | IMPORTANT NOTES: | | |
|--|--|--|--|
| 1. Email: safeco@bcforestsafe.org | If you are unable to do online training, please contact SAFE Companies at 1-877-741-1060 or <u>safeco@bcforestsafe.org</u> so that we can make alternate arrangements to accommodate your needs. | | |
| 2. Fax: 250-741-1068 | | | |
| 3. Mail: 8C-2220 Bowen Rd, Nanaimo, | | | |
| BC V9S 1H9 | Please notify us as soon as possible if you need to withdraw or reschedule | | |
| Questions? Call us toll-free: 1-877-741-1060 | your enrollment. For more details, refer to our Refund Policy on our web site. | | |