

Enrollment Form PHASE CONGESTION

Course Location Onli	ne only				
Participant Information	(complete full	y and print clearly)			
Legal First Name		Legal Middle Name		Legal Last Name	
Nickname (if applicable)		Former Name (e.g. maiden name)		Birthdate (mm/dd/year)	
				/	/
Mailing Address (Street; PO Box)			City/Town	•	Province, Postal Code
Phone Number Personal		//Cell Phone Email Address			
Company Information					
☐ Employer's Company Name	OR 🗆 Your	Own Company Name	9		
Course Fee for Online: No Charge					

Your company and personal 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:

• Email: training@bcforestsafe.org

• Fax: (250) 741-1068

• Mail: 420 Albert Street, Nanaimo, BC V9R 2V7

Questions? Call us toll free: 1-877-741-1060