



Enrollment Form INDIVIDUAL OWNER OPERATOR OHS TRAINING

Participant Information <i>(complete fully and print clearly)</i>		
<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Legal Last Name</i>
<i>Nickname (if applicable)</i>	<i>Former Name (e.g., maiden name)</i>	<i>Birthdate (mm/dd/year)</i> ____ / ____ / _____
<i>Mailing Address (Street; PO Box)</i>	<i>City/Town</i>	<i>Province, Postal Code</i>
<i>Phone Number</i>	<i>Personal/Cell Phone</i>	<i>Email Address</i>
Company Information		
<i>Legal Name of Company</i>	<i>Company Trade Name or "Operating As" Name</i>	
<i>WorkSafeBC Account Number</i>	<i>Registered with SAFE Companies certification program as an Individual Owner Operator?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Activity <i>(manual falling; mechanized harvesting; log hauling; engineering; other – please indicate)</i>		
Course Fee <i>(payment must accompany this enrollment)</i>		
Self-directed Online Session: \$105.00 (includes 5% GST)		
Payment Method: <input type="checkbox"/> Enclosed Cheque (payable to BC Forest Safety Council) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
<i>Name on Credit Card</i>	<i>Expiry Date (MM, YY)</i>	
<i>Credit Card Number</i>		
<i>Cardholder's Signature</i>		

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.

<p>Send completed form to BC Forest Safety by:</p> <ol style="list-style-type: none"> 1. Email: safeco@bcforestsafe.org 2. Fax: 250-741-1068 3. Mail: 8C – 2220 Bowen Road, Nanaimo, BC V9S 1H9 	<p>IMPORTANT NOTE:</p> <p>If you are unable to do online training, please contact SAFE Companies at 1-877-741-1060 or safeco@bcforestsafe.org so that we can make alternate arrangements to accommodate your needs.</p> <p style="text-align: right;">Questions? Call us toll-free: 1-877-741-1060</p>
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