



Enrollment Form INDIVIDUAL OWNER OPERATOR OHS Refresher

Participant Information <i>(complete fully and print clearly)</i>					
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					
Legal Name of Company			Company Trade Name or "Operating As" Name		
WorkSafeBC Account Number		Registered with SAFE Companies certification program as an Individual Owner Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Activity <i>(manual falling; mechanized harvesting; log hauling; engineering; other – please indicate)</i>					
Self-directed Online Learning: No Charge					

Your 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"> Email: safeco@bcforestsafesafe.org Fax: 250-741-1068 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@bcforestsafesafe.org so that we can make alternate arrangements to accommodate your needs.</p> <p>Questions? Call us toll-free: 1-877-741-1060</p>
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