



Company Information

Date: _____

Full Name: _____

Position: _____

Company Name: _____

WorkSafeBC Account: _____

Company Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

For one year from the date above, I authorize the BC Forest Safety Council to release any information related to the above named company to the parties listed below.

Owner/Manager's Signature: _____

Person Authorized to Receive Information

Full Name: _____

Position: _____

Company Name: _____

Company Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Questions? Call 1-877-741-1060 or email safeco@bcforestsafe.org