

Enrollment Form SMALL EMPLOYER OHS TRAINING

This enrollment form is for online training.

Access to the online training is available until December 31 of the current year.

Participant Information (complete fully and clearly)								
Legal First Name		Legal Middle Name			Legal Last I	Legal Last Name		
Nickname (if applicable)		Former Name (e.g. maiden name)		den name)	Birthdate (mm/dd/year)			
Mailing Address		City/Town			Province, Postal Code			
Phone Number Personal		/Cell Phone Email Address			i			
Company Information								
Legal Name of Company				Company Trade Name or "Operating As" Name				
WorkSafeBC Account Number	Registe	tered with SAFE Companies certification program?						
	SAFE C	SAFE Companies category: ISEBASE (2-5 employees) SEBASE (6-19 employees)						
Work Activity (full-phase lo	ogging; s	ilviculture; log	g hauling	; road building	; other – plea	se indicat	e)	
Payment Information (pa	yment mi	ust accompany	y this en	rollment)				
Course Fee for online train	ing: \$105	5.00 (includes 5	5% GST)					
Payment Method: Description	l Cheque	(payable to BC	Forest S	afety Council)			□ MasterCard	
Name on Card					Expiry Da	te (MM, Y)	()	
Credit Card Number								
Cardholder's Signature								

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:					
Email: <u>safeco@bcforestsafe.org</u>	 Mail: 8C – 2220 Bowen Road, Nanaimo, BC V9S 1H9 				
• Fax: 250-741-1068	Questions? Call us toll-free: 1-877-741-1060				