## G:\Logos\NEW go2hr logos\go2hr program logos\Web\go2hr_COR_4c.jpg

## Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Date: | | | |  | | | | | | | WorkSafeBC Account Number: |
| Legal Name of Company (registered with WorkSafeBC) | | | | | | | | | | | |
| Operating Name | | | | | | | | | | | |
| Number of FTEs | FTE (full-time equivalent employees) is calculated by dividing the total annual payroll hours by 2080. | | | | | | | | Number of Operating Locations | | |
| Classification Unit(s)  (check all that apply) | | 761031 Golf Course, Drriving Range, Pitch & Put, Lawn Bowling Facility  761032 Private Park, Garden, or Zoo  761034 Pub, Bar, Night Club, or Lounge  761035 Restaurant or Other Dining Establishment  761038 Ski Hill or Gondola Ride | | | | | | 761056 Overnight and Short-term Accomodation  741013 General Retail  Other  Other  Other | | | |
| First & Last Name of Company Contact | | | | | | | Title | | | | |
| Company Address | | | | | | | City/Town | | | | |
| Province  BC | | | Postal Code | | | Email | | | | | |
| Phone Number | | | | | Cell Number | | | | | Fax Number | |

|  |
| --- |
| I have read and agreed to the attached Terms and Conditions of Participation and wish to participate in go2HR’s Safety Management System (SMS) Certificate of Recognition Program. |
| I authorize go2HR to obtain a WorkSafeBC Clearance Letter for this account. |

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | , |  |
|  | Company Representative |  | Title |

|  |
| --- |
| hereby commit that our company will complete the program requirements set by go2HR to achieve the Certificate of Recognition. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

|  |
| --- |
| To register for go2HR’s COR program, scan and email, fax or mail the application to the location listed below: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COR Program  go2HR  Suite 450, One Bentall Centre  505 Burrard Street, PO Box 59  Vancouver, BC V7X 1M3 |  |  |  | Telephone: 604-633-9787 x220  Fax: 604-633-9796  Email: zkare@go2hr.ca  [www.go2hr.ca](http://www.go2hr.ca) |