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## Registration Form

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| 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      |
| ProvinceBC | Postal Code      | Email      |
| Phone Number      | Cell Number      | Fax Number      |

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| [ ]  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. |

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

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

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|       |  |       |
| Signature |  | Date |

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

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| COR Programgo2HRSuite 450, One Bentall Centre505 Burrard Street, PO Box 59Vancouver, BC V7X 1M3 |  |  |  | Telephone: 604-633-9787 x220Fax: 604-633-9796Email: zkare@go2hr.ca[www.go2hr.ca](http://www.go2hr.ca) |