

N L C S A



NEWFOUNDLAND
& LABRADOR
CONSTRUCTION
SAFETY
ASSOCIATION

Certificate of Recognition™ Training Registration Form

Completion of the 5 day Certificate of Recognition™ training program is the first step in the COR™ Certification process. An organization will not be eligible to receive a Letter of Good Standing under the COR™ Program unless they:

- a) are a Member or Associate Member and
- b) have developed, implemented and audited a Health and Safety program that meets the COR™ standards.

Please complete and return this prior to the course date. Course fees must be paid in full prior to the registration.

COMPANY INFORMATION (Please Print)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

For processing you must attach proof of the company WorkplaceNL Firm # and NIC Code

STUDENT INFORMATION (Please Print)

_____	_____	_____
FIRST NAME	MIDDLE INITIAL	LAST NAME

DATE OF BIRTH (to ensure record integrity) _____
YEAR/MONTH/DAY

PERSONAL MAILING ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (H): _____ PHONE (C): _____

Email: _____

Personal information is collected for accuracy of training records. It is only shared with WorkplaceNL with respect to courses that are mandated by WorkplaceNL and recorded in the Central Training Registry. Personal information will not be released under any circumstances to other third parties.

We require 48 hours (two business days) notice for cancellation of training or charges will be incurred.

Please indicate which Certificate of Recognition™ course you would like to be registered for:

Date: _____ **Location:** _____

Please return to NLCSA by fax (709) 739-7001 or email info@nlcsa.com