



Authorized Representative Form

This form must be completed by a COR™ company who wants to specify another individual(s) or organization(s) to be permitted access to the Newfoundland and Labrador Construction Safety Association's (NLCSA) information concerning the COR™ company's status or files. This/these individual(s) or organization(s) will be known as Authorized Representatives.

By signing this authorization form, you permit the NLCSA to share all information from your file pertaining to your COR™ certification as requested by your Authorized Representative(s). You can have more than one Authorized Representative. The NLCSA will not release any information to your representative(s) unless this signed form is on your file. Once you declare an Authorized Representative(s), you may change or remove that individual(s). In order to do this, you must complete another Authorized Representative Form.

**Notwithstanding the foregoing, the NLCSA will continue to direct all written correspondence to the member company.*

Authorization:

Company _____

I, _____ Authorize Remove

the following to act as my Authorized Representative:

Name: _____

Organization: _____

Address: _____ Phone: _____

I understand that my Authorized Representative(s) may act on my behalf (or my company's behalf) until I indicate otherwise by sending the NLCSA a revised/updated Authorized Representative Form and have received back from the NLCSA, a counter-signed copy acknowledging receipt of notification of the person(s) that I wish to have removed from Authorized Representative Status.

Signature: _____ Date: _____

(Note: All information provided will be kept in confidence in accordance with NLCSA Policy Z-04: Privacy Policy)

Send completed Authorized Representative Form the NLCSA at the address below:

80 GLENCOE DRIVE, DONOVAN'S INDUSTRIAL PARK, MOUNT PEARL, NL A1N 4S9
T: 709 739 7000 F: 709 739 7001 TOLL-FREE: 1 888 681 SAFE (7233)
INFO@NLCSA.COM WWW.NLCSA.COM