

## Certificate of Recognition™ Training Registration Form

N L C S A



NEWFOUNDLAND  
& LABRADOR  
CONSTRUCTION  
SAFETY  
ASSOCIATION

Completion of the 5 day Certificate of Recognition™ training program is the first step in the COR™ Certification process. Organizations completing the full 5 day program for the first time, will be issued a Letter of Good Standing indicating that they are “In Process” in the COR™ Program. In order to be eligible for a Letter of Good Standing a company must be a Member or Associate Member of the NLCSA.

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

### COMPANY INFORMATION (Please Print)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

WorkplaceNL Firm #: \_\_\_\_\_ NIC Code: \_\_\_\_\_

Email: \_\_\_\_\_

(Please attach proof of 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 to ensure accuracy of training records and will not be released under any circumstances to third parties.*

**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](mailto:info@nlcsa.com)

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

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