

## Owner/Operator Application/Declaration Form



### An Owner/Operator is:

1. a self-employed individual or a business with up to a maximum of one person year (equivalent of 2,000 hours per year) of work supplied by the owner and a partner, assistant, helper, apprentice, or similar type employee;
2. a Worker Health and Safety Representative/Workplace Health and Safety Designate/Occupational Health and Safety Committee is **NOT** required under Occupational Health and Safety Legislation; and
3. the business does **NOT** act in the capacity of general or prime contractor, since prime contractors are responsible for the safety of every subcontractor involved with the construction project.

In order to participate in the **Certificate of Recognition Program™**, the owner/operator **must** complete all of the Certificate of Recognition™ (COR™) Program courses required. In addition, the following will be performed on the company as part of the COR™ program:

1. An Owner/Operator review will be completed based on the Safety Manual and completed Internal Audit and associated information that is submitted to the NLCSA;
2. Following the Owner/Operator review, the company will be required to complete any recommendations;
3. Submit an Internal Review of the company's health and safety program on an annual basis in accordance with the COR™ program; and
4. Every third year submit a copy of the company's documentation to be reviewed by an NLCSA Safety Advisor.

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*I have read and understand the above definition of an Owner/Operator, and do certify that the below company does comply with that definition, and that I would like to have my company registered in the Owner/Operator program indicated above. Please note that these statements will not override legislation nor other NLCSA policies and procedures associated with the administration of the COR™ program, which may be modified at the NLCSA's discretion.*

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ NIC CODE: \_\_\_\_\_

NAME (Please print): \_\_\_\_\_

TITLE: \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

*Note: All information provided will be kept in confidence and in accordance with NLCSA Policy Z-04: Privacy Policy.*