

N L C S A



NEWFOUNDLAND
& LABRADOR
CONSTRUCTION
SAFETY
ASSOCIATION

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. To remove any Authorized Representatives, you must inform the NLCSA, by email to info@nlcsa.com.

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

Authorization:

I, (Auth. Person) _____, of (COR® Member Company Name) _____, authorize the following to act as my Authorized Representative(s):

Please select either an individual(s) or organization(s) to act as your Authorized Representative.

Check One Box Only

If you select an organization, anybody who works directly with that organization will be considered an Authorized Representative:

Individual(s)

Organization(s)

Address: _____

Phone: _____ Email: _____

I understand that my Authorized Representative(s) may act on my behalf (or my company's behalf) until I indicate otherwise by informing the NLCSA, by email to info@nlcsa.com, as such and received back acknowledgement of receipt of such notification.

Signature (Auth. Person): _____ Date: _____

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

Email the completed form to info@nlcsa.com