



Company Health and Safety Program COR®/SECOR®/OCOP Registration Form

For more information on program criteria or the next steps contact the NSNY or visit www.yukonsafety.com

Company Information	
Legal Name:	
Operating name:	
Address:	
Phone Number:	
Email Address:	
Contact Person(s):	
WSCB Account number:	
WSCB Industry Code:	
Do you have any related companies? If so, please list:	
Please provide a brief description of the type of work your company does:	

By submitting this application form our company is registering as a participant in the following NSNY health and safety program (please check one):

Health and Safety Program Name	Company Criteria	Check one:
Certificate of Recognition (COR®)	10 or more employees	
Small Employer Certificate of Recognition (SECOR®)	Less than 10 employees	
Owner Operator Certificate of Proficiency (OCOP)	Sole Proprietor that does not have any employees or contractors	

This form must be approved by the owner of the company, senior manager or equivalent. By signing this form, our company agrees to the terms and conditions of the program.

Signature

Position

Date

Please complete this form and drop off or e-mail the application to:

Northern Safety Network Yukon (NSNY)

478 Range Road Whitehorse, Yukon Y1A 3A2 Ph: (867) 633-6673 Fax: (867) 633-6391 info@yukonsafety.com