



Enrollment Form FORESTRY SAFETY OVERVIEW

<i>Course Location</i> Online only		<i>Duration</i> Access to the online training is available for 6 months after enrollment date	
Participant Information <i>(complete fully and print clearly)</i>			
<i>Legal First Name</i>		<i>Legal Middle Name</i>	
<i>Legal Last Name</i>			
<i>Nickname (if applicable)</i>		<i>Former Name (e.g. maiden name)</i>	
<i>Birthdate (mm/dd/year)</i> ____ / ____ / ____			
<i>Mailing Address (Street; PO Box)</i>		<i>City/Town</i>	
		<i>Province, Postal Code</i>	
<i>Phone Number</i>		<i>Personal/Cell Phone</i>	
		<i>Email Address</i>	
Company Information			
<input type="checkbox"/> <i>Employer's Company Name</i> OR <input type="checkbox"/> <i>Your Own Company Name</i>			
Course Fee for Online: No Charge			

Your company and personal information is only used for purposes of course enrollment and SAFE Companies verification. Confidential information will not be disclosed to third parties. Your information is valuable and we ensure all reasonable measures are taken to protect it.

<p>Send completed form to BC Forest Safety by:</p> <ol style="list-style-type: none"> Email: safeco@bcforestsafe.org Fax: 250-741-1068 Mail: 8C-2220 Bowen Rd, Nanaimo, BC V9S 1H9 <p>Questions? Call us toll free: 1-877-741-1060</p>	<p>IMPORTANT NOTES:</p> <p>A) This course does not count as credit for SE OHS, or IOO OHS training or refresher training.</p> <p>B) Please notify us as soon as possible if you need to withdraw, or are unable to complete the course in time.</p>
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