

Course Location Online only			Duration Access to the online training is available until December 31 of the current year.				
Legal First Name		Legal Middle Name		Legal Last Na	Legal Last Name		
Nickname (if applicable)		Former Name (e.g. maiden name)		Birthdate (mn	Birthdate (mm/dd/year)		
Mailing Address (Street; PO Box)				City/Town		Provin	ce, Postal Code
Phone Number	Personal	Personal/Cell Phone		Email Address			
Company Information	tion						
□ Employer's Company	y Name OR 🗆 Y	our Own Comp	any Name	•			
Course Fee for On	line: No Charg	ge					
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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.

Send completed form to BC Forest Safety by:

- 1. Email: safeco@bcforestsafe.org
- 2. Fax: 250-741-1068
- 3. Mail: 8C-2220 Bowen Rd, Nanaimo, BC V9S 1H9
- Questions? Call us toll free: 1-877-741-1060
- IMPORTANT NOTES:

A) This course does not count as credit for SE OHS, or IOO OHS training or refresher training.

B) Please notify us as soon as possible if you need to withdraw, or are unable to complete the course in time.