APPENDIX A

Application for Reciprocity

Current Date:	
Jurisdiction of COR® Reciprocity Requested:	**Manitoba Heavy Construction Association (MHCA)**

Please be advised that the following company holds a valid Certificate of Recognition COR® through:

Jurisdiction of COR® Certification Issued:	Alberta Construction Safety Association (ACSA)

COR® Certified Company Information

Company Legal Name:	
Address:	
Contact Name:	
Contact Phone #:	
Contact E-mail:	

COR® Certification Number:	
COR® Expiry Date:	
Annual COR® Verification Review Date:	

Training Competency Verification:	**Management Representative**	**Date**
Leadership for Safety Excellence		
Principles of Health & Safety Management		
Auditor		
Train the Trainer		

Training Competency Verification:	**Employee Representative**	**Date**
Leadership for Safety Excellence		
Principles of Health & Safety Management		
Auditor		
Train the Trainer		

	NAME FROM HOST ASSOCIATION
Verified by:	

To the best of my knowledge, the information provided in support of receiving COR® Reciprocity is true and valid.

Signature: _____

Job Title: _____

Host Association: Alberta Construction Safety Association (ACSA)

COR® RECIPROCITY PAYMENT FORM

Administration fee - ($315.00 – includes GST)

Name on card: _____

Credit card #: _____

Exp. Date: _____

Signature: _____

Please save and return completed form to randy@mhca.mb.ca