|  |  |
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| Application Date | Click or tap to enter a date. |

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| **Company Information** |
| Company Name |       |
| Mailing Address |       |
| City |       |
| Province | Choose an item. |
| Postal Code |       |
| Number of Employees |       | Number of Sites |       |

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| **Contact Information - person responsible for the Action Plan** |
| First Name  |       |
| Last Name  |       |
| Phone |       |
| ID Number  |       |
| Email |       |

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| **WCB Account Information - include only accounts that will be included in the Action Plan and that were covered in your last certification audit.****Note: BC is not eligible for Action Plans**  |
| **Province** | **WCB Account (s)** | **WCB Industry Code(s)** | **Current COR?** |
| Choose an item. |  |  | [ ] **Yes** [ ]  **No** |
| Choose an item. |  |  | [ ]  **Yes** [ ]  **No** |
| Choose an item. |  |  | [ ]  **Yes** [ ]  **No** |
| Choose an item. |  |  | [ ]  **Yes** [ ]  **No** |
| Choose an item. |  |  | [ ] **Yes** [ ]  **No** |
| Choose an item. |  |  | [ ] **Yes** [ ]  **No** |
|  |  |
| Save and email completed form to CORInfo@EnergySafetyCanada.com. Please allow up to 2 weeks for processing. **NOTE:** If your last certification audit included multiple companies please complete the [Group Audits of Related Employers Application under COR Forms](https://www.energysafetycanada.com/COR/Materials-Resources/COR-Materials-Resources), and submit it with the completed Action Plan Application. |

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| **For Internal Use (Application Review Checklist)** |
| IMIS Company ID #       |
|   |
| Prerequisites: must answer yes for both to qualify85% on last certification audit [ ]  **Yes** [ ]  **No**Full 3-year audit cycle [ ]  **Yes** [ ]  **No** |
| Application approved Click or tap to enter a date.Application not approved Click or tap to enter a date. |
| 1st year maintenance score must be 60% or more [ ]  2nd year maintenance score must be 80% or more [ ]  |