Employers whose operations have undergone a change may submit an amendment request to Energy Safety Canada to amend their previously issued COR.

COR Amendments based on simple changes (such as legal company name, WCB account number of Industry reclassification) may be granted by Energy Safety Canada. The new certificate would be issued for parts of the organization that were included under the original certification audit. The new certificate would retain the original expiry date.

More substantial changes to an employer’s operation could invalidate the original COR, since the certifying audit would no longer be representative of the employers’ operations and management structure (such as acquisition of another company, merger with another company, addition of another division with a different industry, addition of new facilities or management restructuring). In these cases, a new certification audit would be required.

All documentation is required to be attached to the submission. Incomplete forms will be returned.

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| **Contact Information** | |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Phone # | Click or tap here to enter text. |
| Email # | Click or tap here to enter text. |
| **Old Employer Name** | |
| Company **Legal** Name and Trade Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Province | Choose an item. |
| Postal Code | Click or tap here to enter text. |

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| **Old Employer Information** | | | | | |
| Number of Employees | | | Click or tap here to enter text. | | |
| Effective Date of Change | | | Click or tap to enter a date. | | |
| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |
| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |
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| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |

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| **New Employer Name** | |
| Company **Legal** Name and Trade Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Province | Choose an item. |
| Postal Code | Click or tap here to enter text. |

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| **New Employer Information** | | | | | |
| Number of Employees | | | Click or tap here to enter text. | | |
| Effective Date of Change | | | Click or tap to enter a date. | | |
| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |
| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |
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| Province | Choose an item. | WCB # | Click or tap here to enter text. | Industry Code #/Classification Unit | Click or tap here to enter text. | |

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| **Reason for Change (Check all that apply):** | | | |
|  | Legal name Change |  | Addition of new facilities |
|  | New ownership |  | Management restructuring |
|  | Acquisition of another company |  | WCB industry code change |
|  | Merger with another company |  | Other: |
| 1. Describe in full, what WCB Account and /or industry code changes have occurred and why these changes have occurred:   Click or tap here to enter text.  Attach WCB documentation that explains/confirms the account changes. | | | |
| 1. Will there be any changes to the employer’s health and safety management system?   Yes  No If Yes, describe in full: | | | |
| 1. Will there be any change in the organization structure?  Yes  No   If yes, please describe:  Click or tap here to enter text. | | | |
| 1. Have new facilities, worksites or operations been added, changed or removed?  Yes  No If yes, please describe:   Click or tap here to enter text. | | | |
| 1. Will there be any change in management?  Yes  No   If yes, please describe:  Click or tap here to enter text. | | | |
| 1. Will there be any change to your health and safety staff?  Yes  No   If yes, please describe:  Click or tap here to enter text. | | | |
| 1. Will the change include the addition of new employees?  Yes  No   If yes, please describe and give details of the change to employee numbers.  Click or tap here to enter text. | | | |
| 1. Will the change require a different audit scope for your next health and safety audit?   Yes  No  If yes, please describe.  Click or tap here to enter text. | | | |
| 1. If the reasons for the change are due to a merger or acquisition, please answer the following   questions. You may also attach relevant documentation to explain the change.   1. What were the circumstances that led to this change?Click or tap here to enter text. 2. Will the newly acquired operations be operated as a separate entity (basically as before), or   will they be “blended” into the employer’s current business operations? Please explain.Click or tap here to enter text.   1. Will the health and safety management system of the newly acquired operation continue to   be used as it was before the merger/acquisition? Please explain.Click or tap here to enter text.   1. Will key management and safety employees responsible for the functioning of the newly   acquired operation’s existing health and safety management system remain in place after  the purchase or merger? Please explain.Click or tap here to enter text. | | | |

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| **Employer Sign-Off** | | | |
| Please note, to request a transfer of an employer’s COR to a new account, the following commitment  from the new employer’s company president, director or senior officer is also required:  By signing this document, the new employer commits to maintaining the existing health and safety management system, and to meet COR and ESC maintenance requirements as set by the original certification audit. | | | |
| Contact Name & Signature | Click or tap here to enter text. | |  |
| Title: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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| **Supporting Documentation** |
| The submission must include documentation supporting the request such as a;   * previous company organization chart * new company organization chart * WCB clearance letter * related news release outlining changes |

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| **Submission** |
| Email the completed signed form along with any applicable attachments to: [CORInfo@EnergySafetyCanada.com](mailto:CORInfo@EnergySafetyCanada.com).  Questions? Contact us at 1 800 667 5557 extension 3 |