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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto: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 qualify  85% 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 |