

SMALL BUSINESS HEALTH AND SAFETY CERTIFICATE APPLICATION

Infrastructure Health & Safety Association

21 Voyager Court South Etobicoke, ON M9W 5M7
Tel: 905-625-0100 Toll Free: 1-800-263-5024 Fax: 905-625-8998
Email: info@ihsa.ca • www.ihsa.ca

YOU MUST COMPLETE ALL REQUIRED E-LEARNING COURSES BEFORE SUBMITTING THIS APPLICATION FORM. PLEASE INCLUDE COPIES OF E-LEARNING TRANSCRIPT AND THE APPLICATION FEE WHEN SUBMITTING THIS FORM TO IHSA.
MEMBERS: \$50.00 + HST NON-MEMBERS: \$150.00 + HST

Company name _____ Contact name _____

Address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

IHSA member Non-member

REQUIRED E-LEARNING PROGRAMS

Developing Workplace Violence and Harassment Policies (Ontario) Incident Investigation
Date completed _____ Date completed _____

Workplace Hazards: Identification, Assessment and Control Workplace Inspections
Date completed _____ Date completed _____

Personal Protective Equipment (PPE) Awareness
Date completed _____

CONFIRMATION THAT COURSE PARTICIPANTS ARE EMPLOYEES

Please read and sign the following declaration confirming that employees of your company completed required e-learning.

I, _____, declare that employees of _____
have completed required e-learning courses.

Applicant signature _____

Date _____

PAYMENT INFORMATION (MAY REQUIRE SECURITY CODE)

Please charge my credit card

Method of payment:  Visa  MasterCard  American Express

Credit card # _____ Expiry date _____

Name on Credit card _____ Amount authorized _____

Final billing amounts on US credit card orders may vary slightly due to currency conversion. IHSA will contact you for your credit card security code.

Cardholder's Signature _____ Date _____

HST # 85409 8066 RT0001

APPLICANT CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

IHSA reserves the right, at its sole discretion, to deny the issuance of any certificate on the basis of either an applicant furnishing false information or an applicant's prior conduct involving fraudulent activity or conviction of an offence under the *Occupational Health and Safety Act*.



Signature _____ Date _____