

# SMALL BUSINESS HEALTH AND SAFETY CERTIFICATE APPLICATION

Infrastructure Health & Safety Association

5110 Creekbank Road, Suite 400, Mississauga, ON L4W 0A1

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 \_\_\_\_\_