

Please print clearly

<b>Company Name</b>			Contact (other than certified member)	
Address			Suite No.	
City	Province	Postal Code		
Phone	Fax	WSIB Firm / Acct No.	Rate No.	
<b>Employee Name</b>			Cert ID No.	
Address			Apartment No.	
City	Province	Postal Code	E-mail Address	
Signature			Date	

**PLEASE COMPLETE ONE FORM FOR EACH EMPLOYEE**  
 \* If training listed is considered to be equivalent, identify in the "E" column with a check mark

Significant Hazards Identified or Sector Program	Date Training Received (dd/mmm/yyyy)	E*	Name of Training Organization

**Employer Representative (Print in full)**

Signature	Date
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Send completed page to: Fax (416) 344-4921  
 E-Mail prevention@wsib.on.ca  
 Mail Workplace Safety and Insurance Board  
 Prevention Division  
 200 Front Street West, 11th Floor  
 Toronto ON M5V 3J1

