



Type of Change										
<input type="checkbox"/> Contact Information - Complete Section A and B										
<input type="checkbox"/> Company Name (prior to certification) - Complete Sections A and B										
<input type="checkbox"/> Size of Company - Complete Sections A, B and C										
<input type="checkbox"/> Change in Certification due to: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Company Name</td> <td><input type="checkbox"/> WSBC Account</td> </tr> <tr> <td><input type="checkbox"/> Ownership</td> <td><input type="checkbox"/> WSBC Classification Unit</td> </tr> <tr> <td><input type="checkbox"/> Acquisition/Merger</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Company Name	<input type="checkbox"/> WSBC Account	<input type="checkbox"/> Ownership	<input type="checkbox"/> WSBC Classification Unit	<input type="checkbox"/> Acquisition/Merger	<input type="checkbox"/> Other
<input type="checkbox"/> Company Name	<input type="checkbox"/> WSBC Account									
<input type="checkbox"/> Ownership	<input type="checkbox"/> WSBC Classification Unit									
<input type="checkbox"/> Acquisition/Merger	<input type="checkbox"/> Other									
Section A: Previous Company Information										
Legal Name of Company			Current Certification #							
Company Trade Name or Operating As Name										
WorkSafeBC Account Number		WorkSafeBC Classification Unit(s)(CU)								
Section B: Current Company Information - attach proof of any changes										
Legal Name of Company			Current Certification #							
Company Trade Name or Operating As Name										
WorkSafeBC Account Number		WorkSafeBC Classification Unit(s)(CU)								
Name of Company Owner / Principal			Name of Health & Safety Contact							
Company Address (Street and PO Box if applicable)			City / Town							
Province	Postal Code	Email Address								
Company Phone Number		Cellular Number	Fax Number							
Section C: Current Company Profile - Fees may apply										
Indicate number of workers in each category (including owners, managers and supervisors)										
Field	Office	Dependent Contractor Employees	TOTAL	Non-dependent Contractors						
Company Size <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> IOO 1 Field (Owner/Operator) + up to 1 Office worker</td> <td><input type="checkbox"/> SEBASE 6-19 employees</td> </tr> <tr> <td><input type="checkbox"/> ISEBASE 2-5 employees</td> <td><input type="checkbox"/> BASE ≥ 20 employees</td> </tr> </table>					<input type="checkbox"/> IOO 1 Field (Owner/Operator) + up to 1 Office worker	<input type="checkbox"/> SEBASE 6-19 employees	<input type="checkbox"/> ISEBASE 2-5 employees	<input type="checkbox"/> BASE ≥ 20 employees		
<input type="checkbox"/> IOO 1 Field (Owner/Operator) + up to 1 Office worker	<input type="checkbox"/> SEBASE 6-19 employees									
<input type="checkbox"/> ISEBASE 2-5 employees	<input type="checkbox"/> BASE ≥ 20 employees									
Please sign and submit to Council										
Submitted by			Position							
Signature			Date							



Guidelines

When evaluating SAFE Companies certification amendment applications, the Council looks at a number of different aspects related to a company's business activities to determine the extent of change and the continuity of the health and safety management system that was reflective of the SAFE certification audit activities.

The more a company has changed since initial certification, the more likely a certification audit will be required rather than a certification amendment being granted.

Section D: SAFE Companies Amendment		
Date change occurred:		
Has your WSBC account number changed?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has your classification unit changed?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Have you added to your WSBC account information?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has there been a change in the management structure ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has there been a change in the company's Health & Safety Management System and/or in the operation of the system ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has there been a change to the WSBC account information and/or addition or reduction of employees ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has the company taken on any new or additional operations, processes or procedures ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has the company taken on any new equipment, office space, or employees ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
Has the company undergone a merger, purchase, or acquisition of any of its assets ?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No

** All questions answered Yes require further explanation in the Summary of Change section following and may require a re-certification audit.*



Describe fully the changes in each of the following six categories:

1. Describe the change that has occurred in the **management structure**. Please attach the company's new and old organizational charts. If no change, check here .

2. Describe the change that has occurred in the company's **health and safety management system**. If no change, check here .

3. Describe what **WSBC account changes** have occurred and why these changes have occurred. If applicable, outline how many employees have been added/reduced. If no change, check here .

4. Describe, in full, the **new or additional operations, processes or procedures** that the company has taken on. If no change, check here .



5. Describe, in full, what **new equipment, office space, or employees** have been acquired. If no change, check here .

6. Describe, in full, what assets have been **merged, purchased, or acquired**. If no change, check here .

I hereby acknowledge that I have provided true and accurate information to the Council to the best of my abilities and agree that the information provided is an accurate summary of the changes that have taken place:

	Name (please print)	Signature	Date
Owner 1	_____	_____	_____
Owner 2	_____	_____	_____
Owner 3	_____	_____	_____

In case of change in ownership, signature of previous owner(s) is required:

	Name (please print)	Signature	Date
Owner 1	_____	_____	_____
Owner 2	_____	_____	_____
Owner 3	_____	_____	_____

Submit complete form by email, mail or fax to:

SAFE Companies, Registrar
BC Forest Safety Council
420 Albert Street
Nanaimo, BC V9R 2V7

Phone: 1-877-741-1060
Fax: 250-741-1068
Email: safeco@bcforestsafe.org