



2. CONTRACTOR MANAGEMENT FORM

Company Details			
Company's Complete Legal Name:			
Types of Services Offered:			
Street Address:			
City:	Prov:	Postal Code:	
Telephone:		Fax:	
Website:		Email:	
Contact Information – Complete all that apply			
Contact for	Name	Telephone #	Email Address
Primary Information			
Financial Information			
HSE Coordinator			
Required Documentation			
WCB Account Number(s)		Province(s):	
<input type="checkbox"/> WCB Premium Rate Sheet		<input type="checkbox"/> WCB Letter of Good Standing	
<input type="checkbox"/> Certificate of Insurance (City named additionally insured)		<input type="checkbox"/> City of Weyburn Business Licence	
Safety Documentation			
<input type="checkbox"/> Certificate of Recognition (COR or SECOR) (If applicable)		<input type="checkbox"/> Alcohol & Drug Practice and/or Fit For Duty Policy *	
<input type="checkbox"/> HSE Manual Table of Contents *		<input type="checkbox"/> Emergency Response Plans *	
<input type="checkbox"/> Employee Training Documentation must be provided upon request & available at the jobsite		<input type="checkbox"/>	
* If not submitted, they must adopt City of Weyburn Policies <input type="checkbox"/> Requires City of Weyburn HSE Manual			
The Company agrees to adhere to the City of Weyburn Contractor Management Policy. All required documentation shall be submitted prior to commencing operations.			
Company Senior Management:			
Signature:		Date:	
City of Weyburn Senior Management:			
Signature:		Date:	