

SAFE Companies Change Form

Request to amend existing SAFE Companies information

OLD Company Information			NEW Company Information		
Employer Legal Name			Employer Legal Name		
Trade Name			Trade Name		
SAFE Certification # (if available)	WorkSafeBC Account		WorkSafeBC Account		
WorkSafeBC Classification Unit(s) (CU)			WorkSafeBC Classification Unit(s) (CU)		
Mailing Address			Mailing Address		
City	Province	Postal Code	City	Province	Postal Code
Contact Name			Contact Name		
Phone Number			Phone Number		
Email			Email		
Number of Personnel BEFORE			Number of Personnel AFTER		

Change Categories

- | | | |
|---|--|--|
| <input type="checkbox"/> Legal name change | <input type="checkbox"/> Address/contact change | <input type="checkbox"/> WSBC assigned new account |
| <input type="checkbox"/> Incorporation of company | <input type="checkbox"/> Acquisition/merger of company | <input type="checkbox"/> WSBC record now reflects change |
| <input type="checkbox"/> New ownership | <input type="checkbox"/> Management restructuring | <input type="checkbox"/> Other |

SAFE Companies Amendment

When did the change happen?	Effective Date
Has the WorkSafeBC account number changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the classification unit(s) changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the change and reason(s) why it took place.	
Details required	

Has there been any change in Ownership or Management?

Yes No

Details required

Has there been a change in organizational structure? Provide organizational charts.

Yes No

Details required

Have new facilities, work sites or operations been added, changed, moved or deleted?

Yes No

Details required

Has the Health & Safety Management System changed? How has it changed?

Yes No

Details required

Has the change resulted in the addition/reduction of employees?

Yes No



Details required

Sign & Submit

Signing acknowledges that the information described on this form is an accurate summary of the changes.

Name	Title	Signature	Date

<input type="checkbox"/> Include support documentation if available	<input type="checkbox"/> Certificate of Incorporation
<input type="checkbox"/> Old and New company organization charts	<input type="checkbox"/> Related News Release outlining changes

 Email safeco@bcforestsafesafe.org	 Fax 250-741-1068	 Mail 8C-2220 Bowen Road Nanaimo, BC V9S 1H9
--	--	--