



COR® Equivalency Application Form

The following information must be submitted along with this application:

- a copy of the organization’s COR® certificate from their home jurisdiction;
- a letter of good standing from their construction safety association regarding the organization’s COR® standing in their home jurisdiction;
- The Self-Audit Checklist performed by the organization on Element 15 of the Yukon COR® audit document.

For more information on program criteria or the next steps contact the NSNY or visit www.yukonsafety.com

Company Information	
Legal Name:	
Operating name:	
Address:	
Phone Number:	
Email Address:	
Contact Person(s):	
Do you have any related companies? If so, please list:	
Please provider a brief description of the type of work your company does:	

To qualify for the COR® Equivalency Program, please confirm the following:

- Organization currently has no worksites in Yukon
- Organization has a valid COR® certification in another jurisdiction with an affiliate of the CFCSA

By submitting this application form, our organization is registering as a participant in the NSNY’s COR® Equivalency Program. This form must be approved by the owner of the organization, Chief Executive Officer or equivalent, or manager. By signing this form, I agree to the terms and conditions of the program:

Signature

Position

Please complete this form and e-mail the application to:

Northern Safety Network Yukon (NSNY)

478 Range Road Whitehorse, Yukon Y1A 3A2 Ph: (867) 633-6673 Fax: (867) 633-6391 info@yukonsafety.com