

COR AMENDMENT FORM



Step 1: Type of Change to COR (check all that apply)

Name Change

WCB Account Change

Acquisition

Merger / Amalgamation

Other (please specify) _____

Step 2: Employer Information

Existing COR: _____

Legal Company Name as registered with WCB: _____

Old Company Name if applicable: _____

Trade Name if applicable: _____

Company Address: _____

Phone: _____ Fax: _____

Cell: _____ E-mail: _____

Step 3: Alberta WCB Account Information

WCB #: _____ Industry Code(s) _____

WCB #: _____ Industry Code(s) _____

Has your WCB Account #(s) changed?: **YES** _____ **NO** _____
If yes, please provide the old number(s)

Has your industry code(s) changed?: **YES** _____ **NO** _____
If yes, please provide the old number(s)

Please Note: A full external audit may be required upon review of this form



Step 4: Please circle the applicable answer

1. Has there been a change in management structure? **YES** **NO**

 2. Has there been a change in the health and safety management system that was previously audited? This includes changes to the operations, policies, or procedures.
YES **NO**

 3. Has there been a change to your WCB account information and/or the addition or reduction of employees? **YES** **NO**

 4. Has the company taken on any new or additional equipment or worksites?
YES **NO**

 5. Has the company undergone an amalgamation, purchase or acquisition of assets or acquired another company? **YES** **NO**

 6. Will there be any change to your health and safety staff? **YES** **NO**

 7. Will the change require a different audit scope for your next health and safety audit?
YES **NO**
-

Step 5: Explanation of changes

1. Please describe in full the change in the Management structure. Attach additional sheets if necessary. Please attach both your old and new organizational charts.

Please Note: A full external audit may be required upon review of this form

2. Please explain the change in the company's current health and safety management system as well as any changes in the operation of the program including any changes to the policies or procedures of the company.

-
3. Please provide the details and reasons for the change(s) to your WCB account as well as an explanation of the increase or reduction in employees. Tell us how many employees there were prior to the change and the number after the change.

-
4. Please describe the addition or reduction in equipment or office space. List all worksites prior to the change as well as after.

Please Note: A full external audit may be required upon review of this form

5. Please provide complete details of any amalgamation, purchase or acquisition of any assets. Attach any documentation that supports this.

6. Please describe any changes to your health and safety staff.

7. Please describe how these changes will affect the scope of your next health and safety audit.

Please Note: A full external audit may be required upon review of this form

Step 6: Employer Acknowledgement _____

By signing below, I acknowledge that the information provided herein is true and complete to the best of my knowledge.

Company Representative

Date

Company CEO / President

Date

Please Note: A full external audit may be required upon review of this form

