

**Application to Conduct a Group Audit of Related Employers**

Date of Application: \_\_\_\_\_

Proposed Audit Start Date \_\_\_\_\_

- 1. Provide the following information about the related employers in the group.**  
 (Please list the lead employer or primary contact first and attach a separate sheet if required.)

Employer Legal Name (and Trade Name)	WCB Account Number	WCB Industry Code(s)	List of Shareholders in Common

- 2. Please describe the organization structure of the group or attach an organization chart or diagram to illustrate the relationships between the companies.**

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## Appendix H1

**3. Are the companies managed together?**

If yes, please describe how common management control is exercised. Please list and describe the responsibilities of any key management positions that are shared between the employers.

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**4. Do the employers listed above share one common health and safety management system?**

If yes, please describe and list any common health and safety activities, including whether health and safety personnel are shared between these employers:

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**5. Applicant Information**

Please note this form must be signed by the company president, director or senior officer.

Name of Individual Completing This Form:
Position/Job Title:
Signature of Individual Completing this Form:
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