

OWNER OPERATOR/SUBCONTRACTOR REGISTER FORM



FORM MUST BE FILLED OUT IN FULL - PLEASE PRINT CLEARLY

COMPANY NAME

OPERATOR FIRST & LAST
NAME

ADDRESS

CITY

POSTAL CODE

PHONE

ALTERNATE PHONE

ARE YOU A TEAMSTER
LOCAL #213

IF YES, PROVIDE
S.I.N.

ARE YOU AN OPERATING
ENGINEER LOCAL #115

IF YES, PROVIDE
S.I.N.

GST NUMBER

WCB NUMBER

ARE YOU AN
OWNER/OPERATOR

IS YOUR COMPANY
CERTIFIED

CERTIFICATION
NUMBER

EMERGENCY CONTACT

PHONE

THEIR RELATIONSHIP TO
YOU

WORK PHONE

THEIR ADDRESS

ADDITIONAL EMERGENCY
CONTACT

PHONE

THEIR RELATIONSHIP TO
YOU

WORK PHONE

THEIR ADDRESS

IT IS MANDATORY THAT ALL OWNER OPERATORS/SUBCONTRACTORS SUPPLY THE FOLLOWING DOCUMENTATION ON A QUARTERLY BASIS:

*** WCB CLEARANCE LETTERS**

**** PROOF OF LIABILITY INSURANCE - MINIMUM \$2,000,000 COVERAGE**