

**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**