

PLEASE PRINT

July 1, 2007 - June 30, 2008

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# CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO ENROLLMENT FORM



CEA / CISP

NECA

MCI - CPI

NOPTCA

SMACNA

None

**CONTRACTOR NAME:**

**TYPE OF WORK PERFORMED:**

**ADDRESS:** **CITY, STATE, ZIP:**

**TELEPHONE:** **FAX:** **FEDERAL ID #:**

**BWC POLICY NUMBER:** **AVERAGE NUMBER OF EMPLOYEES:**

**Please Circle One NAICS CODE (WORKING DIVISIONS) Please Circle One**

|   |   |  |
|---|---|--|
| NAICS 236 or SIC15<br>Construction of Buildings | NAICS 237 or SIC16<br>Heavy and Civil Engineering<br>Construction | NAICS238 or SIC18<br>Special Trade Contractors |
|---|---|--|

By signing below as the company President or CEO you are committing your company to the following:

- Send representatives to at least 10 meetings in the timeframe identified (July 1, 2007 – June 30, 2008);
  - Employers may earn credit for up to two meetings by attending Workers' Compensation University (WCU), the Ohio Safety Congress & Expo, Division of Safety & Hygiene training courses or industry-specific safety training
- Have a qualified senior management representative at the safety council CEO event;
- Submit semi-annual reports for the calendar year 2007 to meet the incentive criteria.

\_\_\_\_\_  
NAME OF CONTACT PERSON

\_\_\_\_\_  
NAME OF PRESIDENT OR CEO

\_\_\_\_\_  
EMAIL ADDRESS FOR CONTACT PERSON

\_\_\_\_\_  
EMAIL ADDRESS FOR PRESIDENT OR CEO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRESIDENT OR CEO

**What would you like to see made available in the way of training that might help your safety efforts for your company.**

\_\_\_\_\_

**Safety Council Use Only**

\_\_\_\_\_  
Policy Number / Unit Number / Safety Council Code / Group Code