PLEASE PRINT

July 1, 2018 - June 30, 2019

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CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO
ENROLLMENT FORM

☐ CEA / CISP ☐NECA ☐ MCI - CPI ☐ NOPTCA ☐ SMACNA ☐ None ($500)

CONTRACTOR NAME:

(Name as it appears above will be the way it appears on any awards, etc.)

TYPE OF WORK PERFORMED:

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

E-MAIL ADDRESS:

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

E-MAIL ADDRESS:

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

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

NAICS 236 or SIC15	NAICS 237 or SIC16	NAICS238 or SIC18
Construction of Buildings	Heavy and Civil Engineering Construction	Special Trade Contractors

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

1. Send representatives to at least 10 meetings in the timeframe identified (July 1, 2017– June 30, 2019);
   - 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
2. Have a qualified senior management representative at the Safety Council CEO event;
3. Submit semi-annual reports for the calendar year 2017 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

Please mail to: Construction Safety Council, 950 Keynote Circle #10, Brooklyn Hts., OH 44131