



SUBCONTRACTOR AGREEMENT

Subcontractor Legal Name: _____

Preferred Name (if different from above): _____

Mailing Address: _____

Phone #: _____ Fax#: _____

Email Address: _____

Owners Name: _____ Contact #: _____

Safety Representative: _____ Contact #: _____

- ❖ Copy of HSE Program included: _____
- ❖ WCB Clearance Letter attached: _____
- ❖ Proof of Insurance with liability coverage attached: _____
- ❖ Copy of COR attached: _____ (If applicable)

Worker Full Name	WHMIS	TDG	Safety Orientation	Other Certification:

By signing below you have read, agree and will comply with the Assignment of Responsibilities for Subcontractors included within the Subcontractor Management Program.

Print Name (Elected Representative)

Date

Signature

Please return completed Subcontractor Agreement form with all supporting documentation to: adrinawalker@transformingwaste.ca