



Contractor Application
 Email: humanresources@pipeworx.ca
 Fax: 780-960-2730

Name: _____
 Address: _____ City/Postal: _____
 Home Ph: _____ Cell Ph: _____

TYPE OF BUSINESS : Please indicate the services your company provides:

Workers' Compensation Board Coverage - As provided by WCB of Alberta or Similar board

WCB Number: _____ Province of Coverage: _____
 Experience Rating: _____ Please attach clearance letter if available

Insurance - Please include proof of insurance with your information Package.

	Equipment and Liability	Vehicle
Name of Insurance Company:		
Name of Insurance Agent:		
Policy Number:		
Amount of Insurance:		
Expiry Date:		

References - Please indicate the most recent

Name of Company:	
Contact Name:	
Project if applicable:	
Telephone Number:	
Cell Number:	

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Contact Name:	
Project if applicable:	
Telephone Number:	
Cell Number:	

Name of Company:	
Contact Name:	
Project if applicable:	
Telephone Number:	
Cell Number:	

Please attach additional information relating to your company.

Examples: Health and Safety Policies, Corporate profile, equipment lists and rate sheets, certificates

Date: _____ Signature: _____