

# Action Plan Application Form

(Submission Due January 31)

## Company Information

**Company Name**  
(WCB Registered Name)

**Mailing Address**

**City**  **Province**  **Postal Code**

**Contact**  **Phone #**

**Email**

**Number of Employees:**

**Number of Worksites:**

## WCB Account(s) Information

(ensure all accounts covered by your existing COR are listed in order to maintain certification on all of these)

**AB WCB Account Number(s)**  
(enter n/a if none)

**AB WCB Industry Code(s)**  
(enter n/a if none)

**WorksafeBC Account Number(s)**  
(enter n/a if none)

**WorkSafeBC Classification Unit(s)**  
(enter n/a if none)

Will workers be included in the development and implementation of the Action Plan?

☐

\*\* Worker participation is required for BC COR Holders.

**SK WCB Account Number(s)**  
(enter n/a if none)

**SK WCB Industry Classification(s)**  
(enter n/a if none)

Has the company contact reviewed the eligibility requirement for Action Plans?  
(available at <http://www.enform.ca/cor/options-to-auditing.cfm>)

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## FOR OFFICE USE ONLY

**Enform Company ID#:**

**Date Application Submitted:**

**Date Application Approved:**

### Prerequisites:

- ☐ Action Plan Year 1 ☐ Action Plan Year 2  
☐ Certification Year Score  
☐ 1st Year Maintenance Score  
☐ 2nd Year Maintenance Score