

Application Form for Alternative Safety Approach

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

See Application Guide Manual 4034 for guidance on this application form at www.technicalsaftybc.ca

1. Application Type :

Equivalent Standard Approach Renewal*
 Safety Management Plan Revision*

* **Note:** If this application is for renewal or revision to an existing ASA, please provide details of the ASA as per application guide.

*Alternative Safety Approach No: _____ *Date of Expiry (d/m/y): _____/_____/20____

*Name on the original: _____

2. Applicant: (site owner or primary operator)

Company Name: _____

Address: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Ext. _____ Fax No.: (____) _____ - _____

Email Address: _____

Relationship to owner _____

3. Authorized Representative:

Contact Name: _____ Title: _____

Address: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Ext. _____ Fax No.: (____) _____ - _____

Email Address: _____

4. Owner of the site or premises (if different from applicant)

Legal Company Name: _____

Contact Name: _____

Address: _____ Suite No.: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ - _____ Ext. _____ Fax No.: (____) _____ - _____

Email Address: _____

Declaration, I, the undersigned an authorized representative of the applicant (*as stated in no. 3*), do certify that the information and documents provided in support of this application are complete and truthful in all respects and hereby undertake to notify the licensing regulators(s) of any material change that may affect this application.

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

Signature: _____ Print name: _____

Date: (d) _____ (m) _____ /20 ____

Email to: asa@technicalsaftybc.ca **For Inquiries: Toll Free: 1.866.566.7233**
Mail to: ASA Application, 505 6th Street, Suite 200, New Westminster, BC V3L 0E1

Notes:

If a proponent decides to terminate their Alternative Safety Approaches application, written notification from the proponent must be provided to the Technical Safety BC.

<i>For Technical Safety BC office use only:</i>		
Fee enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	New ASA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Revision to existing ASA number: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date received: (d) _____ (m) _____ /20 ____	Received by: (d) _____ (m) _____ /20 ____	Processor's name (<i>please print</i>): _____