

BCCSA Fire & Flood Restoration Contractors Technical Advisory Committee

Authorization of Representation

I, _____ hereby authorize,
First Name Last Name

_____ to represent my
First Name Last Name

company's interests at the BC Construction Safety Alliance (BCCSA), Fire and Flood Restoration Program Technical Advisory Committee (FFRPTAC).

I confirm that my company, and representative, meet the following requirements:

- Are registered with WorkSafeBC in sector 721022 Fire & Flood Restoration Contractor
- The owner/owner's designate will attend 3 meetings annually
- The representative can commit time to attend monthly meetings
- The representative will read and adhere to the FFRPTAC Terms of Reference

Authorization

Company Name: _____ Date: _____

Owner's Signature: _____ Email: _____

Representative Signature: _____ Date: _____

Representative Phone #: _____ Email: _____

Representative Mailing Address: _____

