

Authorization of Representation for the BCCSA Fire & Flood Restoration  
Program Technical Advisory Committee (FFRPTAC)  
*Authorization & Consent Form*

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:

- The company is 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 Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Mailing Address: \_\_\_\_\_