

Authorization of Representation for the BCCSA PCTAC *Application and Consent Form*

Company Name: _____	Date: _____
Company Owner/Sr. Manager Name: _____	Title: _____
<i>First, Last</i>	
Address: _____	
Email: _____	Phone: _____
Representative Name: _____	Title: _____
<i>First, Last</i>	
Address (if different from above): _____	
Email: _____	Phone: _____
Alternate Name: _____	Title: _____
<i>First, Last</i>	
Email: _____	Phone: _____

I, _____ *First Name* _____ *Last Name* hereby authorize,
 _____ *First Name* _____ *Last Name* to represent my company's interests at the
 BC Construction Safety Alliance (BCCSA), Prime Contractor Technical Advisory Committee (PCTAC).

I confirm that my company, and its representative (s), meet the following requirements:

- The company is COR® certified
- The company performs work as a Prime Contractor
- The representative is an employee of the company
- The alternate is an employee of the company (if applicable)
- The representative can commit time to attend monthly meetings
- The representative will participate on sub-committees or other BCCSA activities as required
- The representative has the ability or organize or facilitate presentations
- The representative, and alternate (if applicable) have read, understood, and will adhere to the PCTAC Terms of Reference

Authorization

_____ Owner/Sr. Manager Signature	_____ Date
_____ Representative Signature	_____ Date