



COR® Reciprocity Compliance Declaration

Company Name _____

Address _____

COR® Certification issued by:

COR® Certification # _____ CFCSA Host Association # _____

Declaration

The information provided in support of receiving COR® Reciprocity from the Construction Safety Association is true and valid. As a requirement of applying for COR® Reciprocity, our company does not have a permanent base of operation or active work in Manitoba.

UPON ARRIVAL AND WORK IN MANITOBA:

We will notify CSAM of our arrival and will implement our safety and health management system in accordance with the National COR® Accreditation Standard, including the legislative requirements specific to all Manitoba contractors.

We will follow the process to achieve COR® Equivalency from CSAM, which includes submission of **Section 15 – Manitoba Supplement** of CSAM’s CFCSA endorsed harmonized audit instrument.

Print Name: _____

Print Title: _____

Signature: _____

Date: _____