Certificate of Recognition™ Training Registration Form



Completion of the 5 day Certificate of Recognition™ training program is the first step in the COR™ Certification process. Organizations completing the full 5 day program for the first time, will be issued a Letter of Good Standing indicating that they are "In Process" in the COR™ Program. In order to be eligible for a Letter of Good Standing a company must be a Member or Associate Member of the NLCSA.

Please complete and return this form to the NLCSA prior to course date. Course fees must be paid in full prior to registration.

COMPANY INFORMATION (Please Print)

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Phone Number:	Fax Number:	
WHSCC Firm N#:		NIC Code:
(Please attach proof of WHSCC Fi	rm # and NIC Code)	
STUDENT INFORMATION (P	lease Print)	
FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF BIRTH (to ensure re	ecord integrity)	
		YEAR/MONTH/DAY
		POSTAL CODE:
PHONE (H):	PHONE (0	C):
Personal information is collected any circumstances to third parties	-	ining records and will not be released under
Please indicate which Certi- registered for:	ficate of Recognition [™]	™ course you would like to be
Date:	Location:	
Please return to NLCSA by fa	ax (709) 739-7001 or e	email info@nlcsa.com
We require 48 hours (two busine	ss days) notice for cancelle	ation of training or charges will be incurred.