COR™- ISO 45001 Equivalency

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU ARE APPLYING FOR ISO 45001 AS EQUIVALENCY TO COR™

Company Legal Name _____ Company Trade Name _____

Owner/Senior Manager _____ WSIB Firm # _____ Account # _____

Address _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

TO HAVE YOUR ORGANIZATION'S ISO 45001 AUDIT CONSIDERED AS AN EQUIVALENCY TO THE COR™ AUDIT PLEASE PROVIDE THE FOLLOWING DOCUMENTATION AND SUBMIT *ELECTRONICALLY* TO ***COR@IHSA.CA*** A STANDARD FEE OF $350 + APPLICABLE TAXES WILL APPLY FOR REVIEW OF THE DOCUMENTATION

- ☐ Equivalency Application Form
- ☐ Most recent copy of ISO 45001 Audit Report
- ☐ Most recent ISO 45001 Certificate that includes the Accreditation symbol of the Accreditation Body overseeing the Certification Body.

on receipt of this documentation, IHSA will review your submission within 30 days. Upon approval by IHSA management, your organization will be issued a certificate of recognition that is valid. Continuing certification is contingent upon an annual submission of the items listed above.

_____	_____	_____	_____
Applicant Name	Job Title	Signature	Date

*****SUBMITTING AN INCOMPLETE FORM & FAILURE TO PROVIDE REQUIRED DOCUMENTATION WILL DELAY YOUR REQUEST FOR EQUIVALENCY. *****

PAYMENT INFORMATION

☐ Please charge my credit card*

Visa ☐ MasterCard ☐ American Express ☐

Credit Card # _____ Expiry Date _____

Cardholder Signature _____ Date _____

Cardholder Name _____ Amount Authorized _____

(As it appears on card)

***IHSA will contact you for your credit card security code. (Final billing amounts on US credit card orders may vary slightly due to currency conversion)**

APPLICANT CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

IHSA reserves the right, at its sole discretion, to deny the issuance of equivalency on the basis of an applicant furnishing false information.

Signature _____ Date _____

***FOR IHSA USE ONLY**

_____	_____	_____	_____
Approved by (Name)	Job Title	Signature	Date