

Authorization of Representation for the
BCCSA Prime Contractors Technical Advisory Committee (PCTAC)
Application and Consent Form

Owner/Senior Manager Information			
Company Name:		Date:	
Owner/Sr. Manager Name:		Title:	
Email:		Phone:	
Address:			
Representative Information			
Representative Name:		Title:	
Email:		Phone:	
Address (if different from above):			
Alternate Information (optional)			
Alternate Name:		Title:	
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 subcommittees or other BCCSA activities as required.
- The representative has the ability to 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