

COMMON OWNERSHIP FORM

When related companies are commonly owned and they operate using one health and safety management system, a group audit may be conducted to include all of the companies in one audit. SECOR companies can apply to conduct a group audit, though the total employee count between all companies on the application form cannot be more than ten.

Shared Training Only

For companies who have common ownership and want one individual to represent multiple companies for training requirements, but do not want to conduct a group audit, they can apply for Shared Training.

Eligibility

All companies on the application must have an active WCB account, an ACSA membership, and must be commonly owned.

Application for Common Ownership

- I am applying to conduct a **Group Audit** *Proposed Audit Start Date:* _____
- I am applying for **Shared Training Only**

Company #1 Legal Name: _____

Company #1 Trade Name: _____

WCB Account #: _____ Industry Code(s): _____ # Employees: _____

Please provide a brief description of your company's regular work activities

Company #2 Legal Name: _____

Company #2 Trade Name: _____

WCB Account #: _____ Industry Code(s): _____ # Employees: _____

Please provide a brief description of your company's regular work activities

Company #3 Legal Name: _____

Company #3 Trade Name: _____

WCB Account #: _____ Industry Code(s): _____ # Employees: _____

Please provide a brief description of your company's regular work activities

If more than 3 companies are applying for common ownership, please include an additional page with the above information for each company to be included on the application.

List of common owner or shareholders between all companies: _____

Please describe the organizational structure of the companies. You can draw a diagram or attach organization charts to illustrate the relationship.

Are the companies' operations managed together? If so, describe how including responsibilities of any key management positions shared between companies.

Do the companies use the same health and safety management system? If so, provide a list of common health and safety activities and shared health and safety personnel.

Name of Individual Completing the Form: _____

Title/Position: _____ Email Address: _____

To be signed by CEO, Senior Manager or Owner of the company

Name: _____ Title/Position: _____

Signature: _____ Date of Application: _____

My signature indicates that all the information on this form is true and correct