



**Alberta Construction
Safety Association**

info@youracsa.ca
1.800.661.ACSA
youracsa.ca

EQUIVALENCY APPLICATION FORM

Applicant Information

First Name:

Last Name:

Student ID **OR** Date of Birth (mm/dd/yy):

Company Name:

Phone:

E-mail:

Title of the ACSA course(s) for which you are requesting equivalency:

NOTE: A copy of the course certificate and / or wallet card **must** accompany this Equivalency Application Form

Please submit the completed form to info@youracsa.ca or fax to 780.455.1120.

Application submitted on:

[Click to submit](#)