

HIGHWAY USE PERMIT

Designation of Prime Contractor

Applicant/Owner Information

Applicant/Owner Name: _____

Project Location: _____

City of Langley Project Number: _____

Prime Contractor Information

Name of Prime Contractor: _____

Address: _____

Phone: _____

WorkSafe B.C. Registration Number: _____

Person in Charge of Project: _____

Person Responsible for Coordinating Health and Safety Activities: _____

Contractor's Declaration As Per Workers Compensation Act

I/we acknowledge, in accordance with the *Workers Compensation Act*, R.S.B.C., 1996, Chapter 492, Part 3, Division 3, Section 118 and 119, as amended, that I/we are the "Prime Contractor" and are qualified to act as the "Prime Contractor". I/we accept the duties and responsibilities for coordination of health and safety in accordance with the *Workers Compensation Act*. And further that I/we will do everything that is reasonably practicable to establish and maintain a system or process that will insure compliance with the *Workers Compensation Act* and the Occupational Health and Safety Regulations. The Prime Contractor shall appoint a qualified coordinator for the purpose of ensuring the coordination of health and safety activities for the workplace. Prior to commencement of Construction, the Contractor shall complete and file a "Construction Notice of Project" with the Workers Compensation Board and shall provide a copy of the same to the City confirming that the contractor shall be the Prime Contractor responsible for coordination of safety and health under Part 3 of the *Workers Compensation Act* and Part 20 of the WCB Occupational Health & Safety Regulations. The Prime Contractor shall, at its own expense, procure and carry, or cause to be procured, carried and paid for, full Workers' Compensation Board coverage for itself and all workers, employees, servants and others engaged in or upon any work or services which is the subject of this agreement.

Contractor's Signature

(Print Name)

Date: _____

Applicant's/Owner's Signature

(Print Name)

Date: _____