



Permit No.: CR1:
TOP:
Effective Date:
Expiry Date:

Land Development Division
DESIGNATION OF PRIME CONTRACTOR
For City Road and Right-of-Way Use
Permits

Owner's Name:
Address:
Phone:

Prime Contractor Information

Name of Prime Contractor:
Address:
Phone:
WorkSafe B.C. Registration Number:
Person Responsible for Co-ordinating Health and Safety Activities:
Site Superintendent, Name and Phone Number:
Traffic Control Manager, Name and Phone Number:
Traffic Control Figure (N/A if TMP Required):

The Prime Contractor identified above is responsible for the areas in which work is carried out by or on behalf of the Owner under City Road and Right-of-Way Use Permit.

Prime Contractor's Declaration as Per Workers Compensation Act

I/we acknowledge, in accordance with the Workers Compensation Act, R.S.B.C., 2019 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 ensure 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.

Prime Contractor's Signature

Owner's Signature

(Print Name)

(Print Name)

Date: _____

Date: _____