

Clearance Request

| \square GOOD STANDIN | | ers of good standing d registered with the | | peginning of a | contract to en | sure your con | tractors are in good | | | | |
|---|------------------------------|---|--------------|----------------|----------------|-----------------|-----------------------|--|--|--|--|
| ☐ FINAL - Request final clearance letters before releasing final payments to your contractor. A final clearance relieves principals of any assessment liability related to a specific contract. | | | | | | | | | | | |
| SECTION 1 | | | | | | | | | | | |
| Principal (the company awarding the contract) | | | | | | | Employer Number | | | | |
| Address | | | | | | | | | | | |
| Attention Phone Number | | | | Fax Number | | Email Address | | | | | |
| SECTION 2 | | | | | | 1 | | | | | |
| Contractor (the company contracted by the Principal) | | | | | | Employer Number | | | | | |
| Address | | | | | | | | | | | |
| Attention | Attention | | Phone Number | | Fax Number | | Email Address | | | | |
| SECTION 3 | | | | | | | | | | | |
| Contract / Project # | | | Loc | Location | | | | | | | |
| Description of Work | | | | | | | | | | | |
| Contract Value \$ | | | | Vlaterial | La | abour | | | | | |
| Starting Date MM DD YY | | | Con | npletion Date | MM DD | YY | | | | | |
| Subcontractors: | ☐ YES ☐ |] NO | | | | | | | | | |
| SECTION 4 | | | | | | | | | | | |
| Subcontractor (the company contracted by the contractor) | | | | | | Employer Number | | | | | |
| Address | | | | | | 1 | | | | | |
| Attention | Attention | | Phone Number | | Fax Number | | Email Address | | | | |
| Description of Work | | | | | | | | | | | |
| Contract Value \$ | | | | Material | La | abour | | | | | |
| Starting Date MM | DD YY | | Con | npletion Date | MM DD | YY | | | | | |
| L | rs, please complet | e page two of this form. | , | | | | | | | | |
| The WSCC may use Health and Safety Ad | | | | Workers' Con | npensation Ac | ts, the Safety | Acts, and/or the Mine | | | | |
| SECTION 80 OF THE | WORKERS' COM M A CONTRACT | MPENSATION ACT(S) OR / SUBCONTRACT | HOLDS | | | | | | | | |
| Requested by | /r | Please Print) | | Signature | | | | | | | |
| Phone Number () | (F | • | ŧ | Date | | | | | | | |

Subcontractors (SECTION 4) Continued

| Subcontractor (the company contra | acted by the contractor) | | | | Employer Number | | | | | | | |
|-----------------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-------------|--|--|--|--|--|--|
| Address | | | | | | | | | | | | |
| Attention | Phone Number | | Fax Number | | Email Address | | | | | | | |
| Description of Work | | | | | | | | | | | | |
| Contract Value \$ | | | ☐ Material ☐ La | | bour | ☐ Equipment | | | | | | |
| Starting Date MM DD YY | Com | pletion Date MM | DD | YY | | | | | | | | |
| Subcontractor (the company contra | | | | Employer Number | | | | | | | | |
| Address | | | | | | | | | | | | |
| Attention | Phone Number | Fax Number | | | Email Address | | | | | | | |
| Description of Work | | | | | | | | | | | | |
| Contract Value \$ | | | ☐ Material ☐ La | | bour | ☐ Equipment | | | | | | |
| Starting Date MM DD YY | Com | pletion Date MM | DD | YY | | | | | | | | |
| Subcontractor (the company contra | acted by the contractor) | | | | Employer Number | | | | | | | |
| Address | | | | | | | | | | | | |
| Attention Phone Number | | Fax Number | | | Email Address | | | | | | | |
| Description of Work | | | | | I | | | | | | | |
| Contract Value \$ | | | /laterial | ☐ La | bour | ☐ Equipment | | | | | | |
| Starting Date MM DD YY | | | pletion Date MM | DD | YY | | | | | | | |
| Subcontractor (the company contra | | | | Employer Number | | | | | | | | |
| Address | | | | | <u> </u> | | | | | | | |
| Attention Phone Number | | | Fax Number | | Email Address | | | | | | | |
| Description of Work | <u> </u> | | | | I | | | | | | | |
| Contract Value \$ | | | ☐ Material ☐ L | | bour | ☐ Equipment | | | | | | |
| Starting Date MM DD YY | | | | | | | | | | | | |

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