

WORKING AT HEIGHTS

REIMBURSEMENT FORM

"INDUSTRIAL-COMMERCIAL-INSTITUTIONAL"

Date:			
Company Name:			
Company Address:			
Company Contact	Email:	Phone:	
Training Provider:			

Classifications are as follows*:

Journeyperson	1 st Year Apprentice		
Sub-Foreman	2 nd Year Apprentice		
Foreman	3 rd Year Apprentice		
General Foreman	4 th Year Apprentice		
	5 th Year Apprentice		

Name	Training Date	Training Type New Recertify		Classification* (At time of training)	ECA USE ONLY
			_		
	1	1	1	SUB-TOTAL WAGES:	
NOTE:				TRAINING COST:	
Ottawa ECA will require a copy of the				HST:	
training certificate for each individual.			TOTAL:		

YOUR PREFERED REIMBURSEMENT METHOD:

- □ CHEQUE
- etransfer
 - (eTransfer Information):_____