

WORKING AT HEIGHTS

REIMBURSEMENT FORM

"MAINTENANCE"

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

Classifications are as follows*:

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

Name	Training Date			Classification*	ECA USE ONLY
		New	Recertify	(At time of training)	
				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):_____