

WORKING AT HEIGHTS

REIMBURSEMENT FORM "RESIDENTIAL"

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

Classifications are as follows*:

Journeyman 1st Year Apprentice
 Foreman 2nd Year Apprentice
 3rd Year Apprentice
 4th Year Apprentice
 5th Year Apprentice

Name	Date of Training	Training Type		Classification* (At time of training)	ECA USE ONLY
		New	Recertify		
SUB-TOTAL WAGES:					
TRAINING COST:					
HST:					
TOTAL:					

NOTE:
 Ottawa ECA will require a copy of the training certificate for each individual.

YOUR PREFERRED REIMBURSEMENT METHOD:

- CHEQUE
 - eTRANSFER
- (eTransfer Information): _____