

WEAVER WELDING LTD.

7501-107 Ave, Peace River, AB T8S 1M6
 Phone: 780-618-7522 Fax: 780-624-2974
 wvrwldng@telusplanet.net

Pipeline Construction & Oilfield Maintenance

CONTRACTOR APPLICATION

Name: _____

Address: _____ City/Postal Code: _____

Home Telephone: _____ Cell Phone: _____

TYPE OF BUSINESS – Please indicate what services your company provides:

INSURANCE – Please include proof of insurance with your information package.

	Equipment and Liability	Vehicle
Name of Insurance Company:		
Name of Insurance Agent:		
Policy Number:		
Amount of Insurance:		
Expiry Date:		

WORKERS' COMPENSATION BOARD COVERAGE – As provided by the Workers Compensation Board of Alberta or similar board

WCB Number _____	Province of Coverage _____
Experience _____	
Rating _____	

REFERENCE

Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	
Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	
Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	

Please attach appropriate information relating to your company.
 (i.e. Health and Safety policies, corporate profile, equipment lists and rate sheets.)

Date: _____ Signature: _____

