



14513 – 95 Street
Grande Prairie, AB T8V 7V7
Ph:780-402-6638 Fax:780-402-6686

APPLICATION FOR CONTRACTOR

Personal Information

Name of Company : _____

Address: _____ PostalCode: _____

Contact Name: _____ Phone: _____

Type of Business

Services/Equipment you offer: _____

Insurance

Please provide proof of insurance with your information package, including name of insurance company, agent, policy number, amount and expiry date for equipment, vehicle and liability.

Workers' Compensation Board

WCB Number _____ Province of Coverage: _____

Experience Rating _____ (As provided by the WCB)

References

Name of Company: _____ Phone Number: _____

Contact Name: _____

Name of Company: _____ Phone Number: _____

Contact Name: _____

Please attach all pertinent company information including equipment list, rate sheets, health and safety policies, etc.

Completed applications may be sent by email to bgustafson@stratuspipelines.com , mailed to the address above or faxed to 780-402-6686.