

Sales and Safety Association

Company: _____

Address: _____ City: _____

_____ Province: _____ Postal code: _____

- 1.** We share in the vision that all sales and service work workplaces in Manitoba need to be safe and healthy workplaces. This requires access to high-quality training and safety program supports to effectively reduce the risk to Manitoba workers.
- 2.** I understand an industry-based safety program would be funded through a maximum 5% levy on Workers Compensation Board (WCB) premiums. I also understand the safety association would participate as a Certifying Partner for SAFE Work Certified and employers that attain safety certification through their safety association will be eligible to receive a meaningful prevention rebate developed by SAFE Work Manitoba and WCB.
- 3.** As an employer in the _____, I support the establishment of a safety association to develop and deliver an industry-based safety program. This industry-based safety program would provide training, certification, consulting, and industry specific information, as well as services to promote effective safety and health behaviours that will help prevent workplace injuries and illness.

First Name: _____

Last Name: _____

Position: _____

Signature:

Please return this signed form:

- 1. Digitally:** Complete the form, use the pdf electronic signature, and email the completed form to cpereira@safeworkmanitoba.ca
- 2. Paper Copy:** Complete the form,
 - a) Scan the signed copy and email to: cpereira@safeworkmanitoba.ca, or
 - b) Mail the signed copy to:
Attn: Carlos Pereira
SAFE Work Manitoba
16-363 Broadway
Winnipeg, MB R3C 3N9

