



KID OILFIELD LTD CONTRACTOR APPLICATION

Mail: RR #2 Stn Main Grande Prairie AB T8V 2Z9 Phone: 780-532-7727 Fax: 780-532-8778 Email: info@kidoilfield.com

Name: _____

Address: _____ City/Postal Code: _____

Home Telephone: _____ Cell Phone: _____

TYPE OF TRADE or BUSINESS EXPERIENCE – Please indicate what service your company provides and your skills & trade experience.

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INSURANCE Equipment and Liability

| | |
|----------------------------|----------------------|
| Name of Insurance Company: | Amount of Insurance: |
| Name of Insurance Agent: | Expiry Date: |
| Policy Number: | Vehicle: |

Please include proof of insurance with your information package

WORKERS COMPENSATION BOARD INSURANCE

| | |
|--------------------------------|--------------------|
| Province of Insurance Company: | WCB Policy Number: |
| Name of Insurance Agent: | Experience Rating: |
| Expiry Date: | |

Please include proof of insurance with your information package

WORK or CUSTOMER REFERENCE s

| | |
|--------------------------|--------|
| Name of Company: | Phone: |
| Name of Company Contact: | Cell: |
| Notes: | |
| | |
| Name of Company: | Phone: |
| Name of Company Contact: | Cell: |
| Notes: | |

DRIVING RECORD – Please attach Driver's abstract if available.

| | | |
|-------------------------|------------------|--|
| Valid Driver's license# | Expiration Date: | Circle Type of license (class): 1 A 3 5 |
|-------------------------|------------------|--|

| TRAINING – Please indicate your training level. | Yes | No | Course number & level | Expiration date |
|---|------------------------------|-----------------------------|-----------------------|-----------------|
| Confined Space Entry | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Defensive Driving | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| First Aid | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| H2S Alive | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Trans. Dangerous Goods | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| WHIMIS | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

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

Date: _____

Signature: _____