

Building Excellence

CSTS – 9 Registration Form

1. Training Provider	Vancouver Regional Construction Association	
2. Training Location	Off-site	
3. Administrator		
4. Registration Date		
Student Information		
1. First Name		
2. Last Name		
3. Company Name		
4. Street Address		
5. City		
6. Province		
7. Postal Code		
8. Telephone Work		
9. Credit Card/card holder name/card #/expiry/ CVV code		
10. Birth Date		
11. E-Mail		
12. Password(vrca will provide)		
<p>I have agreed to participate in the Construction Safety Training System -9 (CSTS-9) which is being offered to me by the Vancouver Regional Construction Association (VRCA). I hereby authorize the VRCA to send this registration information and data regarding my completion of the training to British Columbia Construction Safety Alliance (BCCSA). Information may be provided to WorkafeBC for reimbursement of course fees to the VRCA.</p> <p>I understand that the BCCSA and the VRCA will respect my privacy and that they will never sell, trade, or loan my information to other organizations. I understand that BCCSA and VRCA will use my information only for data collection purposes, certificate issuance and to provide verification of completion of CSTS-9.</p> <p>I understand that if I do not complete CSTS -9 course successfully, I will not be issued a course certificate. If at anytime you no longer wish to be contacted by BCCSA, please call BCCSA at 604.636.3675.</p>		
Student Signature		
Proctor Signature		ID Checked for CSTS-9 <input type="checkbox"/>
Date of Test		Course Completion Verified <input type="checkbox"/>