LOCAL GOVERNMENT COR AUDITS
REQUEST FOR AUDIT EXTENSION

Legal Name of Organization: _____

WorkSafeBC Account Number: _____

Auditor Name: _____

WorkSafeBC Classification Unit: _____

Name of Organization Contact (H&S Person): _____

Contact Email Address: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Cell Number: _____

Main Office Address: _____

City/Town: _____ Postal Code: _____

Current Audit Due Date: _____

Please indicate why you are requesting an extension.

_____

_____

_____

_____

Please indicate the length of time by which you wish to extend your submission deadline.

❑ 1 month ❑ 3 months ❑ Other

I hereby acknowledge that for my COR audit deadline to be extended, the Audit Extension Form must be approved by the BC Municipal Safety Association and all statements I have made in this application are true.

Submitted by: _____ Date Submitted: _____
Print Name

Signature: _____

Submit completed form to: E: cor@bcmsa.ca

A BCMSA representative will contact you within 14 days of submission with a decision.