

# Certificate of Recognition (COR) Refund Request

To complete this form digitally, you must use [Adobe Acrobat Reader](#). You can also print it and complete it by hand. To request a refund of the remaining COR incentives from your WorkSafeBC assessment account, **select one of the options below:**

- Refund by cheque — a cheque will be mailed to the address on your WorkSafeBC account
  - If you choose this option, complete sections 1, 2, 5, and 6.
- Transfer credit to another WorkSafeBC account number (note: this option is only available if the firm identified in section 1 has been restructured)
  - If you choose this option, complete sections 1, 3, 5, and 6.

## 1. Firm contact information

Legal name of firm		Business/trade name (if applicable)		WorkSafeBC account number	
Business mailing address			City	Province	Postal code
Business phone number	Email address				

## 2. Refund information

If you are requesting a refund, your account must be up to date, which means all payroll has been submitted and received. We cannot process a refund if there is an estimated payroll on your account.

Refund amount you're requesting (\$CAD)
Reason for refund request <input type="checkbox"/> COR refund <input type="checkbox"/> Other (please describe)

## 3. Credit transfer information

### Transfer from

Account number	Legal name	Amount (\$CAD)
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### Transfer to

Account number	Legal name
Relationship between the two firms	
Detailed reason for transfer of credit	

## 4. Declaration

By submitting this form, I certify and declare that:

- I am authorized to make this request on behalf of the firm applying for the remaining (COR) incentives be refunded from my assessment account;
- I have read or have had read to me — and fully understand — the content, requirements, and declaration of this application;

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- I may be committing an offence and may be liable to prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information;
- The signatory below is a duly authorized signing officer of the firm and has authority to make this authorization on behalf of the firm.

### 5. Certification

- I certify that the information I have provided is, to the best of my knowledge, accurate and complete
- I grant permission to WorkSafeBC to complete the refund or transfer of credit described above

Name	Title or relationship to firm	Phone number	Signature	Date (yyyy-mm-dd)

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service.

By checking "Yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant permission to WorkSafeBC to send me emails that may contain personal information

- Yes     No

### 6. How to submit this form

The easiest way to submit this form is digitally — by clicking the Submit button. You can also print this form and submit it by mail to PO Box 5350 Stn Terminal, Vancouver, BC, V6B 5L5.

WorkSafeBC collects information on this form for the purpose indicated on the form and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.