



New Brunswick Construction Safety Association
P.O. Box 731
Miramichi, N.B.
E1V 3V4

I _____, with the birth date of _____, hereby
(Please print name) (yyyy/ mm/ dd)
give the New Brunswick Construction Safety Association permission to release my personal
safety training records to current and/ or future employers, for easy verification of safety
training that has been taken.

Please Print Name Here

Date of Birth- yyyy/ mm/ dd

Passport Book Number

Signature

Date

*** Please send a signed copy to NBCSA, by mail at the above address or fax us (506)-624-9581.**