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# Clearance Request

☐ **GOOD STANDING – A letter of good standing should be requested at the beginning of a contract to ensure your contractor is registered and in good standing with the WSCC.**

☐ **FINAL – A final clearance letter should be requested prior to releasing final payment to your contractor. This letter will release the principal of any WSCC liabilities for this contract.**

| **Principal Contractor** | | Employer Number |
|---|---|---|
| Address | | |
| Attention | Phone Number (     ) | Fax Number (     ) |

| **Contractor** | | Employer Number |
|---|---|---|
| Address | | |
| Attention | Phone Number (     ) | Fax Number (     ) |

| **Contract / Project #** | Location | | |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD MM YY | Completion Date DD MM YY | | |

**Subcontractors:** ☐ YES ☐ NO

| **Subcontractor** | Phone Number (     ) | Fax Number (     ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD MM YY | Completion Date DD MM YY | | |

For additional subcontractors, please complete page two of this form.

**SECTION 80 OF THE *WORKERS' COMPENSATION ACT(S)* HOLDS THE PRINCIPAL RESPONSIBLE FOR ANY UNPAID ASSESSMENTS FROM A CONTRACTOR / SUBCONTRACTOR. PLEASE ENSURE THAT THE CONTRACTOR / SUBCONTRACTOR IS REGISTERED WITH OUR COMMISSION.**

Requested by ______________________________ Signature ______________________________
(Please Print)

Phone Number (     ) ____________________ ext. #__________ Date ______________________________

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677

or

☐ Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax: 1-866-979-8501

**www.wscc.nt.ca • www.wscc.nu.ca**

RS020 1101

Ce formulaire est disponible en français.
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## Subcontractors Continued

| Name | Phone Number ( ) | Fax Number ( ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD \| MM \| YY | | Completion Date DD \| MM \| YY | |

| Name | Phone Number ( ) | Fax Number ( ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD \| MM \| YY | | Completion Date DD \| MM \| YY | |

| Name | Phone Number ( ) | Fax Number ( ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD \| MM \| YY | | Completion Date DD \| MM \| YY | |

| Name | Phone Number ( ) | Fax Number ( ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD \| MM \| YY | | Completion Date DD \| MM \| YY | |

| Name | Phone Number ( ) | Fax Number ( ) | Employer Number |
|---|---|---|---|
| Description of Work | | | |
| Contract Value $ | ☐ Material | ☐ Labour | ☐ Equipment |
| Starting Date DD \| MM \| YY | | Completion Date DD \| MM \| YY | |

**SECTION 80 OF THE *WORKERS' COMPENSATION ACT(S)* HOLDS THE PRINCIPAL RESPONSIBLE FOR ANY UNPAID ASSESSMENTS FROM A CONTRACTOR / SUBCONTRACTOR. PLEASE ENSURE THAT THE CONTRACTOR / SUBCONTRACTOR IS REGISTERED WITH OUR COMMISSION.**

Requested by ______________________ Signature ______________________
(Please Print)

Phone Number ( ) ______________ ext. #________ Date ______________________

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