

*Haliburton County Home
Builders Association Inc*

BOX 299, HALIBURTON, ONTARIO K0M1S0
705-457-6901, Fax 705-457-3436
www.hchba.ca



**WORKING AT HEIGHTS TRAINING
RE-Certification**

You must have a copy of all MOL cards as proof of previous training.

T.B.A. - REFRESHER.

8:00 AM to 12:00 PM _____
12:30 PM to 4:30 PM _____

FIRST COME FIRST SEATS (12 PER CLASS, with Covid spacing)

Company name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Names & MOL Numbers: MUST BE COMPLETED ON ATTENDANCE FORM

Attending _____ x \$145.00 = _____ (non members)

_____ x \$120.00 = _____ (members of HCHBA)

_____ x 13 % = _____ (R 136582889)

Total = _____

Cheque Payable to **H.C.H.B.A.**, Box 299, Haliburton, Ont. K0M 1S0, e-transfer to info@hchba.ca or credit card + 3% fee

Visa / MC # _____ Expiry _____ CVS _____

Card holder name _____

Card holder signature _____

