



Prime Contractor Designation

Owner: _____

Workplace Address: _____

Project Description: _____

By signing this Prime Contractor Designation form, the Contractor hereby:

1. Agrees to be, and accepts designation as, the “prime contractor” for the purposes of the *Workers Compensation Act*, R.S.B.C. 2019, c. 1 (the “Act”) and the *Occupational Health and Safety Regulation*, B.C. Reg. 223/2022 (the “Regulation”) in respect of the Project and Workplace noted above.
2. Represents and warrants that the Contractor is qualified and capable to perform the duties of prime contractor and that the undersigned signatory has the authority to accept designation as prime contractor and to bind the Contractor.
3. Accepts the duty and responsibility for ensuring the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated and agrees to do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the Act and the Regulation in respect of the Workplace.
4. Covenants and agrees to comply with the occupational health and safety provisions of the Act, the Regulation, any other applicable regulations under the Act, and any applicable orders.
5. Represents and warrants that the Contractor holds, and will maintain for the duration of the project, a valid business licence issued by the Town of Gibsons, where required, and will comply with all applicable business licensing requirements of the Town.
6. Acknowledges and agrees that the Owner has provided the Contractor the information known to the Owner that is necessary to identify and eliminate or control hazards to the health or safety of persons at the Workplace; and
7. Agrees that the designation as prime contractor hereunder may not be assigned or revoked without the prior written consent of the Owner
8. Upon completion of the project, and all applicable Town of Gibsons inspections and approvals have been completed, the Contractor’s designation as prime contractor shall terminate.

Prime Contractor Information

Name: _____

Address: _____

Email Address: _____ **Phone:** _____

Signature: _____ **Date:** _____