

Canadian Accredited Security Contractor (CASC) Application

COMPANY INFORMATION				
Company name				
Date of incorporation mm/dd/yy		GST exemption ☐ Yes	; #	
DOCUMENTS TO BE ATTACHED				
☐ CANASA membership #				
$\hfill \square$ Incorporation/registration documents in proving	nce/territory of b	ousiness		
$\hfill \square$ Workers' Compensation Plan certificate (excluded)			nandatory industry)	
Resume of appointed CASC Representative wit	-			
Insurance certificate, for \$3 million of Commerc		,		
☐ Criminal Reference Checks for all applicable state☐ Alarm Technician Course (ATC) Level 1 certificat		= :	= =	
NOTE: Any documentation that is not submitted to complete list of criteria and equivalencies please r				
HEAD OFFICE LOCATION INFORMATION				
Street address				
City	Province		Postal code	
Phone	Toll free		Fax	
Email		Website		
Number of CASC eligible employees		_		
SOCIAL MEDIA:				
Company Twitter nameCc		_Company Facebook page	name	
PRIMARY CONTACT INFORMATION				
This company representative will receive all CASC	correspondence			
	•			
☐ Mr. ☐ Mrs. ☐ Ms. First name		Last name		
Title		Primary role		
Phone	Toll free		Fax	
Email				
Send all correspondence in : $\ \square$ English $\ \square$	French			
Preferred method of communication: \Box Email	☐ Mail			
CANASA values the privacy of its members and cu CANASA's privacy policy please visit canasa.org	stomers. All info	rmation collected is done so	o in accordance with our privac	y policy. To view
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	nformation to be	e displayed on our website o	or in any e-communication or p	rinted materials.
\square Please check this box if you do not wish to be	contacted for a re	eference or testimonial for t	he CASC program.	

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PROGRAM FEES

Description	Fee	How often to pay	When to pay	
Application Non-refundable	\$1,000	One time	All applicants must pay at time of application	
Program fee	\$500		CANACA will and an invairable be active to	
Employee fee (per employee)	\$50	Per year	CANASA will send an invoice to be paid by the CASC Company	

METHOD OF PAYMENT	GST/HST #R121787402 QST #1015564195	
(Payment must accompany application)		
CHEQUE VISA MASTERCARD AMERICAN EXPRESS DIRECT DEPOSIT*	Application fee \$1,000.00	
Credit card # Expiry	Provincial tax* \$	
Cardholder name		
Signature	\$ TOTAL	
(Digital signature required)	* PROVINCIAL TAXES (select appropriate tax)	
* If selecting direct deposit CANASA will contact you with details once your application has been received.	AB 5% GST NS 15% HST QC 5% GST H9.975% QST WB 5% GST ON 13% HST NB 13% HST PE 14% HST NL 15% HST SK 5% GST	
AUTHORIZATION		
I hereby verify the preceding information to be true and authorize CANASA to process my CASC a	• • • • • • • • • • • • • • • • • • • •	
I have read, understood and agree to abide by the CANASA Code of Ethics and standards establish	•	
I agree to a periodic on-site inspection by a third party to verify our compliancy with program elig	•	
I agree to declare adherence to the format of resolving issues and complaints as outlined in the Co		
I agree to bind all sub-contractors to all the above, with proof provided independently or by provisub-contractor.	iding the required coverage for the	
I agree to complete an annual declaration form confirming CASC program compliance and to pro as required.	vide any new or updated information	
I am authorized to sign on behalf of the applicant.		
Authorized signing authorityDate*Date*Date*		
Drive was as a second s		
Print nameTitle		
*NOTE: If your company has not attached all the required documentation to this application before the date you sign this application in which to supply them to CANASA.	re submitting, you will have 90 days from	

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