



EXTERNAL CONTRACTORS APPLICATION

Contractor Number (internal use only): _____

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Cell: _____ Fax: _____

Email: _____

Valid WCB Registration Number: _____

HST Number: _____

- I have read and agree to comply with the requirements of the Bowen Island Municipality's External Contractors Procedures document.
- Copies of all proofs of insurance are included in my application package.

Owner/Representative – Please Print

Signature

Date

Work Experience/Qualifications:

Services Provided and Equipment Available:

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Rates (please list all rates for labour, equipment, drop fees, etc):

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