



CSA / ISO Equivalency Request Form

Attn: AASP Auditing Dept

Email: audits@aasp.ca

Company Name:

Address:

City/Town: Province: Postal Code:

Contact Person:

Phone: Fax:

Email:

WCB Account No(s): Industry Codes:

Request for COR Certification

Request for COR Maintenance if yes, provide COR #:

Standard (Select One)

ISO 45001:2018 Designated Certifying Body:

CSA Z45001:19 Designated Certifying Body:

Scope of Audit (industry codes covered in ISO or CSA audit):

Name of Auditor:

FOR OFFICE USE ONLY

Approved:

Not approved (State Reason Below):

Date

Office Signature