



Clearance Request

- GOOD STANDING** – A letter of good standing, should be requested at the beginning of a contract to ensure your contractor is registered with Workers' Compensation Board.
- INTERIM** – An interim letter allows you to release payment to your contractor to a certain date. These letters are usually requested on long term projects (progress payments).
- FINAL** – A letter for final, should be requested prior to releasing final payment to your contractor. This letter will release you of any WCB liabilities on your contractor for this contract.

Principal Contractor:		
Address:		
Attention:	Tel: ()	Fax: ()

Contractor:		
Address:		
Attention:	Tel: ()	Fax: ()

Contractor/Project#:	Location:
Description of work:	
Contract Value: \$	<input type="checkbox"/> Labour <input type="checkbox"/> Material <input type="checkbox"/> Equipment
Starting Date: YY MM DD	Completion Date: YY MM DD

Subcontractors: YES NO

Subcontractor:	Fax: ()
Description of work:	
Contract Value: \$	<input type="checkbox"/> Labour <input type="checkbox"/> Material <input type="checkbox"/> Equipment
Starting Date: YY MM DD	Completion Date: YY MM DD

For additional subcontractors please complete page two of this form.

***SECTION 73 OF THE NWT WORKERS' COMPENSATION ACT HOLDS THE PRINCIPAL RESPONSIBLE FOR ANY UNPAID ASSESSMENTS FROM A SUBCONTRACTOR. PLEASE ENSURE THAT THE SUBCONTRACTOR IS REGISTERED WITH OUR BOARD.**

Requested by: _____ Signature: _____
Please Print

Tel: _____ Date: _____

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501

Box 368 • Rankin Inlet, NU X0C 0G0 • Telephone: (867) 645-5600 • Fax: (867) 645-5601

Subcontractors Continued

Name:				Fax: ()					
Description of work:									
Contract Value: \$				<input type="checkbox"/> Labour		<input type="checkbox"/> Material		<input type="checkbox"/> Equipment	
Starting Date: YY MM DD				Completion Date: YY MM DD					

Name:				Fax: ()					
Description of work:									
Contract Value: \$				<input type="checkbox"/> Labour		<input type="checkbox"/> Material		<input type="checkbox"/> Equipment	
Starting Date: YY MM DD				Completion Date: YY MM DD					

Name:				Fax: ()					
Description of work:									
Contract Value: \$				<input type="checkbox"/> Labour		<input type="checkbox"/> Material		<input type="checkbox"/> Equipment	
Starting Date: YY MM DD				Completion Date: YY MM DD					

Name:				Fax: ()					
Description of work:									
Contract Value: \$				<input type="checkbox"/> Labour		<input type="checkbox"/> Material		<input type="checkbox"/> Equipment	
Starting Date: YY MM DD				Completion Date: YY MM DD					

Name:				Fax: ()					
Description of work:									
Contract Value: \$				<input type="checkbox"/> Labour		<input type="checkbox"/> Material		<input type="checkbox"/> Equipment	
Starting Date: YY MM DD				Completion Date: YY MM DD					

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Ce formulaire est disponible en français.
 C's. n'ni'c'u' d'd'a'bi'p' d'm'nd'.

We've got you covered!