

Health & Safety Policy

Contractor Access Application Form



Name of Company: _____

Address: Postal _____

Physical _____

Phone: _____

Fax: _____

Email: _____

Mobile: _____

Name of Signatory: (Manager or Owner) _____

Title or Position: _____

I have read and understood the Half Moon Bay Marina Contractors Healthy & Safety Policy and hereby agree to abide by the terms and conditions contained therein. I acknowledge that I have passed all relevant information to my employees whom I require to be Half Moon Bay Marina Contractors. It is my responsibility to ensure that all new employees who require a Half Moon Bay Marina Contractors Access Card and Parking Permit are informed of the Half Moon Bay Marina Health & Safety policies and are referred to the Marina Administration office for processing and to view the Health & Safety Policy.

Signature: _____

Date: _____

**Please complete the reverse side of this form & return to
Half Moon Bay Marina Administration**

