



Minnesota *LECET*

SAFETY DRIVEN



Safety Incentive Program Contractor Enrollment Form

****Please fill this out to enroll your company into the Safety Driven program****

Contractor Name: _____
Key Contact: _____ Title: _____
Phone: _____ Email: _____
Alternate Contact: _____ Title: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Are you a full time Safety Representative? Yes _____ No _____

Does your company have a Safety Program? Yes _____ No _____

What initiatives are being set for the area of Construction Safety within your firm?

How do you think safety is best measured? _____

What would you like to see come out of the LECET safety incentive program?

I authorize Minnesota LECET to verify pertinent safety records relating to the safety program and have reviewed the above information and believe it to be true and correct to the best of my knowledge:

Date: _____ Initials: _____

Please email, fax or mail the completed enrollment form to:

*Minnesota LECET
81 East Little Canada Road
St. Paul, MN 55117
Fax (651) 653-9745 Phone (651) 429-1600
Email: safety@minnesotalaborers.org*