

PERMISSION FORM: Injury Experience Performance Data

Our company wishes to let its name stand for the 2025 ORBA Routly Safety Awards and agrees that the IHSA can share our data with the Ontario Road Builders' Association (ORBA).

| | Yes, I give my permission. |
|-----------------------------------|----------------------------------|
| | No, I do not give my permission. |
| Company Name: | |
| Contact Name: | |
| Phone Number: | |
| Email Address: | |
| WSIB Firm #: | |
| WSIB Account #: | |
| | |
| Date: | |
| Company Representative Name: | |
| Company Representative Signature: | |