

If you wish to register more than one counter, please complete one form per counter.



## Counter Registration Application Form

*\* Mandatory fields*

Company name: \*

Company no. if already registered with CQ Fibres:

Name of branch

Branch no. if already registered with CQ Fibres:

Title: \*

First name: \*

Last name: \*

Telephone: \*

Extension:

Cell phone:

Occupation: \*

Fibre counting experience (years): \*

Language of correspondence: \*

Email: \*

Click on the "Send" button to send this form to [cqfibres@irsst.qc.ca](mailto:cqfibres@irsst.qc.ca) .

Save

Print

Send