

## Employer Registration

Account Number	Firm Number
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**All information is strictly confidential.**

Issue Date

Mailing Address	
Town/City	
Province	Postal Code
Telephone Number (     )	Fax Number (     )
Website Address	
Email Address	

### Section A : Should You Register?

Do you currently hire workers, or (sub)contractors considered by the WSIB to be workers, or plan to hire them in the future?       yes     no

If you have answered "yes", how many workers do you generally have? \_\_\_\_\_  
Please complete this form.

**If you have answered "no" to the above question, an account may still be established for optional insurance. If you do not wish to request optional insurance, do not fill in this form.**

**Domestic Employers: If you employ a domestic for more than 24 hours a week, complete this form**

### Section B: Previous Registration

Do the owner(s), partners or executive officer(s) have, or have they previously had, an account with the WSIB?       yes     no

If you have answered "no", go to Section C.

If you have answered "yes", please provide the following information for the previous account. If there is information about more than one account, please use page 3.

Legal Name		Address		
City	Province	Postal Code	Telephone Number (     )	WSIB Account Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

### Section C: Employer Name(s) & Identification

**Please complete this section in full. A copy of the documents filed with the Ministry of Consumer and Business Services or any other supporting documents must be attached to this form.**

Legal Name					
Place an "X" in the box that describes the ownership of your operation.	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French
Trade Name(s)					

CCRA No. (Revenue Canada)	Bank Name	Branch
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### Section D: Address(es)

#### Work Location

**Please provide the physical location where the employer is carrying on business activities (i.e. not a box number or general delivery). If there is more than one work location, please use page 3.**

Address					
Postal Code	Area Code (     )	Telephone Number	Area Code (     )	FAX Number	Email Address (if different)

#### Payroll Address

**Only fill out this section if the physical location of your payroll records differs from your work location address.**

Address					
Postal Code	Area Code (     )	Telephone Number	Area Code (     )	FAX Number	Email Address (if different)

## Section E: Business Activity

Describe your business activity, including equipment or machinery used and materials contained in your product, in the area below.

Business Activity Description	Dates (e.g. 01JAN1996) (Include all workers' and contractors' labour)	Estimated Insurable Earnings for the Current Calendar Year	For WSIB Use Only
	Date Help First Employed (ddmmyyyy)		
	Date Help First Employed (ddmmyyyy)		
	Date Help First Employed (ddmmyyyy)		

If there are more than three business activities, please use page 3.

If there is more than one business activity, do you maintain segregated payrolls for each business activity?

yes  no

Please provide the trade names and business activities of three competitors.

Name	Business Activity

## Section F: Owner/Executive Details

Please provide the following details about the owner, managing partner, or chief executive officer.

First Name	Middle Name	Last Name	
Date of Birth (e.g. 01JAN1995)	Title		
Home Address (This address must be a physical address and not a box number or a general delivery).			
City	Province	Postal Code	Area Code Telephone No. ( )

If the employer has more partner(s) or executive officer(s) than the one individual shown above, please use page 3.

Personal information on this form is collected under the authority of the Workplace Safety and Insurance Act, 1997, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please contact your Customer Service Representative/Account Manager or call 1-800-387-8638.

## Section G: Associated Employer(s)

Does the employer have an associated relationship with one or more other employers?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, does the employer have any business dealings with the associated employer(s)?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If you have answered "yes" to both these questions, please provide the name and address of the associated employer. If there is more than one employer, please use page 3.		Legal Name		
Address	City	Province	Postal Code	Account Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

## Section H: Certification

I hereby certify that I am the employer (or authorized officer) responsible for paying all WSIB premiums on this account (and any linked accounts) for which the individual or entity identified under "Legal Name" in Section C is legally liable. To the best of my knowledge, the information on this form and on any documents attached is true and correct.

Name (please print)	Title			
Signature	Area Code Telephone Number ( )	Date Completed (e.g. 01JAN1996)  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		

For WSIB Use Only	Letters/Forms Issued	WSIB Representative	Signature
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**All information is strictly confidential.**

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Legal Name

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