

To avoid delays in the processing of your application, please complete **all** fields in **detail**.

Section A - Company Information

Account Number	Legal Business Name		
Operating or Trade Name (if applicable)	Business Phone Number ()	Fax Number ()	
Final Mailing Address <i>Street</i>	<i>City/Town</i>	<i>Province</i>	Postal Code

Section B - Personal Coverage Information

Owner's/Director's Legal Name	P.C I.D.	Is personal coverage to be terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is coverage split in another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the account number(s).
Owner's/Director's Legal Name	P.C I.D.	Is personal coverage to be terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is coverage split in another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the account number(s).

Section C - Employee Information

Employers have 10 business days to notify WCB of closing worker information.

Industry (1):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *
Industry (2):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *

* Include all full-time, part-time, casual or temporary workers as well as all subcontractors who the WCB considers to be your workers for the current calendar year.

Section D - Business Closing

Please indicate why the account is to be closed		
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Sale of Business (see Section E)	<input type="checkbox"/> Voluntary Operations Withdrawal
<input type="checkbox"/> Cease of Operations/ no more workers	<input type="checkbox"/> Bankruptcy/Insolvency (See Section F)	↳ Should coverage automatically resume upon rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (explain) _____		
Please list companies for whom you have most recently performed work.		

Section E – Bankruptcy

Date of Insolvency	Name of Receiver or Trustee		
Contact Person's Name	Contact Phone Number: ()		

Section F - Sale of Business

Type of Sale:		
<input type="checkbox"/> Amalgamation	<input type="checkbox"/> Sale of all assets	
<input type="checkbox"/> Share Acquisition	<input type="checkbox"/> Partial sale of assets	<input type="checkbox"/> Other: _____
Date of Sale	What type of relationship exists between the purchaser and seller? <input type="checkbox"/> Business <input type="checkbox"/> Personal	Is there any common ownership between the purchaser and seller? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list what assets have been sold		
Solicitor's Name	Contact Person	Solicitor's Phone Number
Purchaser's Company Name		Purchaser Address
Purchaser's Contact Name	Purchaser Phone Number ()	Purchaser Fax Number ()
Will there be continuous ownership?	Will there be continuous contracts?	Will workers and equipment be continued?

Section G – Applicant Authorization:

By my signature, I certify that I have the authority to execute this request, and the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person operating in a compulsory industry who does not secure or maintain Workers' Compensation coverage and comply with the Alberta Workers' Compensation Act, or knowingly provides false or misleading information to the Board may be subject to administrative penalties or guilty of an offence under that Act.

Name		Position
Home Phone Number ()	Contact Number ()	Fax Number ()
Email Address	Signature	Date

A WCB representative will contact you within one business day of receiving this application.

WCB mailing address	In Calgary	Fax: (403) 517-6201	Toll Free in Alberta	1-866-922-9221
PO Box 2415		Phone: (403) 517-6000	Outside of Alberta	1-800-661-9608
Edmonton, AB	In Edmonton	Fax: (780) 498-7999		
T5J 2S5		Phone: (780) 498-3999	Online:	www.wcb.ab.ca

The personal information collected on this form will be used for the purpose of closing your WCB-Alberta account. This collection of personal information is in compliance with section 105 of the *Workers' Compensation Act* and sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact us by phone or in writing.