

WORKERS' COMPENSATION BOARD

Northwest Territories and Nunavut

Account Registration

(Please print)							
Legal Name or							
Owner(s) name:							
Trade Name:							
(if applicable)							
Mailing Address:	Street or P.O. Box		City or town		Province or	Postal Code	
	Street of P.O. Box		City of town		Territory	Postal Code	
Phone number			Fax number				
Web page		Email	Email		Contact person		
Owners/registered of	directors:						
(attach list if required)							

***INCORPORATED COMPANIES MUST PROVIDE A CURRENT CERTIFICATE OF INCORPORATION.**

Have you been previously registered with our Board?	□ Yes □ No
If yes, Account Number:	Company Name:
Do you currently have other companies registered with our Board?	□ Yes □ No

If yes, company name(s):

Please describe in detail your business activities in the Northwest Territories and/or Nunavut

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677

D Box 669 • Iqaluit, NU XOA 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501

Box 368 • Rankin Inlet, NU XOC 0G0 • Telephone: (867) 645-5600 • Fax: (867) 645-5601

What major industry does your company support? (e.g.– Mining, Construction)	Where will you be conducting these activities? (Town or Area)					
What are the types of occupations employed? (e.g. – drillers, carpenters)	Approximately how many people will you be employing? (do not include the owners)					
What is your payroll estimate of wages earned in the NWT and/or Nunavut (please do not include wages for owners/registered directors)	until the end of the current Calendar year?					
Northwest Territories \$	Nunavut \$					
Do you require optional coverage for owners/registered directors?						
□ Yes If yes, please complete the request for personal optional coverage	ge form and submit with your registration.					
No If no, the owners/registered directors will not have coverage and a claim will not be accepted should an accident occur in the NWT/Nunavut.						
Do you have a contract (verbal or written)?						
 Yes If yes, complete the attached request for clearance form and sul No 	omit with your registration.					
Please identify the duration of your business in the NWT/Nunavut:						
Ongoing (Permanent) Seasonal Approximate Dates:	YY MM DD YY MM DD to YY MM					
One time only	YY MM DD YY MM DD to YY MM					
The Safety Acts of the NWT and Nunavut apply to employers operating in case the Canada Labour Code applies.	the North. The exception is those who are federally regulated in which					
Are you covered under: Federal Jurisdiction Te 	erritorial Jurisdiction					
What is your start date for operating in the Northwest Territories and/or Nu	navut? YY MM DD					
If you pay your assessments by VISA or Mastercard please provide the foll	owing information:					
Mastercard	-					
Account #:	Expiry date:					
Card Holder's Signature:	Card Holder's Name:					
Completed by:						
Name	Signature					
Please Print Title Tel.	Fax					
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