



Yukon Workers' Compensation Health and Safety Board

Application for Registration for an Inactive Corporation

Employee Number:	Business Number:	Industry:	District Code:	Rate is \$ _____ per \$100 payroll
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A - GENERAL INFORMATION

Canada Revenue Agency BIN # _____

Legal Name _____ Phone _____ Cell phone _____
 Business Name _____ Email _____ Fax _____
 Mailing address _____ Contact Person _____ Phone _____
 Postal Code _____ Description of Operations _____
 Have you had an YWCHSB account before? Y N

SECTION B

In the coming year:

Will the company hire any workers or subcontractors? Y N
 Will the company have any active Yukon workplaces? Y N
 Will the directors perform any work or services for the company?
 (Note: Attending the AGM or infrequent banking or legal business does not count as work.) Y N
 Will the company issue any invoices? Y N
 Will the company pay any wages, management fees or bonuses? Y N
 Will the company issue any T-4s or T4As? Y N

This application serves as a declaration this company is performing no work or services and has no workers or directors performing work or services in any Yukon industry at any time.

Each director **MUST** fill out the Application by a Director of a Company to be Exempted from Coverage form and attach it to this application.

Directors of the incorporated company:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

As a result of this declaration:

- The incorporated company is not protected under the Yukon *Workers' Compensation Act* from lawsuits from its directors for matters arising from workplace injuries;
- the non-working directors do not have the protection of the Yukon *Workers' Compensation Act* for any matters arising from workplace injuries;
- the non-working directors are not eligible for compensation benefits if injured.

I/We understand that if, at any time, any circumstances above change, I/we are to contact YWCHSB.

I have read the above declarations and I understand them. I am aware YWCHSB is relying on this written application as a true and correct statement.

I make this declaration conscientiously believing it to be true and knowing it is of the same force and effect as under oath by virtue of the *Canada Evidence Act*.

I have authority to sign this declaration on behalf of the incorporated company.

Employer's Declaration

I certify that the information provided by me on this form is true and complete to the best of my knowledge.

Signature – Employer or authorized representative _____ Email _____
 Print name _____ Phone _____ Date _____

It is an offence under the *Workers' Compensation Act* to provide false or misleading information to YWCHSB. This information is collected under the authority of the *Workers' Compensation Act* and the *Access to Information and Protection of Privacy Act* for the purpose of administering and enforcing the *Workers' Compensation Act*. YWCHSB may obtain and disclose information from this form, or disclose such information to others, in accordance with the se two acts.

By providing your email address, you permit YWCHSB to contact you by email. To revoke this permission, or for further information, contact YWCHSB's Assessment Branch at the numbers below.