

## **APPLICATION FOR REGISTRATION**

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8

**Telephone:** 867-667-5645, **Toll free:** 1-800-661-0443, **Fax:** 867-393-6279

Web: www.wcb.yk.ca

A. General information

OFFICE USE ONLY	
Customer number	
Industry number	
and rate is \$	per \$100 of payroll

Canada Revenue Agency BIN		Description of operations		
Legal name of employer		]		
Do you carry on business in your legal name? ☐ Yes ☐ No				
If no, business name:				
Mailing address of employer		Location of operations in Yukon		
Postal code				
Cell phone	Phone			
Email*	Fax	If you are under contract, give the name(s) and location(s) of the contractor(s) or principal(s)		
Contact person for payroll	Phone	1		
Contact person for claims inquiries	Phone			
If the book of the control of the co				
If the business has recently changed ownership, name of the		Had an account with this board b		
previous owner		Received your employer information package?		
		C. Limited companies		
When did you first start employing workers in Yukon? YYYYY/MM/DD		Is the company registered in the '		
How many workers (including casuals and directors) do you have on average?		Provide a list of names of directors and estimated wages as per section B for each.		
Payroll estimate. To get your estimate:		Director's name	Wages	
<ul> <li>You must include earnings of directors of incorporated companies.</li> <li>Can not exceed \$94,320 per worker</li> <li>Must be for the entire year</li> <li>Do not include wages for sole proprietor or partners of non-incorporated companies. Coverage for these is optional. Call us if you are interested in coverage or visit www.wcb.yk.ca.</li> </ul>				
What is your estimated payroll to December 31?				
D. Optional coverage – This part does not apply to limited companies or directors of limited companies				
If you are a proprietor or partner in a business, you may apply for compensation coverage for yourself, or if you rather, you can apply on your own behalf or your partners if you are authorized to do so. Wage loss benefits will be based on the lesser of 75% of actual proven earnings or coverage in place.				
Note: We will mail or email you details of personal coverage.				
If you are a non-profit society incorporated under the Societies Act, and the directors perform volunteer work for the society, the directors may be eligible for coverage. Contact the board for more information.				
Employer's certification				
It is an offence under the <i>Workers' Safety and Compensation Act</i> to knowingly provide false or misleading information to the board. I certify that all information I have provided is true and complete.				
Employer or authorized representative Print name			Date (YYYY/MM/DD)	

This information is being collected for the purposes of administering and enforcing the Workers' Safety and Compensation Act and is collected under the authority of that Act and the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Privacy Officer at WSCB at the above listed address or at (867) 667-5645 or 1-800-661-0443.