Workers' Safety and Compensation Board Yukon

Application for Registration - Proprietor and Partnership

PRINTED: 07-11-2026

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, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.

You will need the following information to complete this form:

a) legal name of your business

b) CRA business number if you have one;

c) description of business activities and primary business purpose;

d) full names of owners, birth dates and addresses of proprietor or partners

e) payroll information, estimate of annual payroll;

f) information about contractors or subcontractors.

Employer Information

*Legal Name

CRA BIN Number

*Trade Name

*Street Number

Email (ex: you@wcb.yk.ca)

Street Name

*Primary Phone Number (ex: (999) 999-9999)

*City

Secondary Phone Number (ex: (999) 999-9999)

*Province/Territory

Fax Number (ex: (999) 999-9999)

*Postal Code

*Country

*Is the physical address the same as mailing address?

Yes

No

*Mailing Address (character limit: 570)

Only fill out if mailing address is different from address you provided above

PRINTED: 07-11-2026

*Have you had an account with Workers' Safety and Compensation Board in the Yukon before?

Yes

No

*Please list the previous account name or number(s)

*What date will your workers start to work in Yukon? (DD/MM/YYYY)

/ /

Owner Contact Information

*How many owners does the business have?

Maximum five entries

Owner 1

*Legal First Name

As on a government issued ID
Middle Name

As on a government issued ID
*Legal Last Name

As on government issued ID
*Date of Birth (DD/MM/YYYY)

/ /

The above owner is the contact person for (check all that apply):

Payroll

Claims

Workplace Safety

None

*Primary Phone Number (ex: (999) 999-9999)

*Email (ex: you@wcb.yk.ca)

Owner 2

*Legal First Name

As on a government issued ID
Middle Name

As on a government issued ID
*Legal Last Name

As on a government issued ID
*Date of Birth (DD/MM/YYYY)

/ /

The above owner is the contact person for (check all that apply):

Payroll

Claims

Workplace Safety

None

*Primary Phone Number (ex: (999) 999-9999)

*Email (ex: you@wcb.yk.ca)

Owner 3

Owner 4

PRINTED: 07-11-2026

*Legal First Name

As on a government issued ID
Middle Name

As on a government issued ID
*Legal Last Name

*Date of Birth (DD/MM/YYYY)
/ /

The above owner is the contact person for (check all that apply):

Payroll

Claims

Workplace Safety

None

Primary Phone Number (ex: (999) 999-9999)

Email (ex: you@wcb.yk.ca)

*Legal First Name

As on a government issued ID
Middle Name

As on a government issued ID
*Legal Last Name

As on a government issued ID
*Date of Birth (DD/MM/YYYY)
/ /

The above owner is the contact person for (check all that apply):

Payroll

Claims

Workplace Safety

None

Primary Phone Number (ex: (999) 999-9999)

Email (ex: you@wcb.yk.ca)

Owner 5

*Legal First Name

As on a government issued ID
Middle Name

As on a government issued ID
*Legal Last Name

As on a government issued ID
*Date of Birth (DD/MM/YYYY)
/ /

The above owner is the contact person for (check all that apply):

Payroll

Claims

Workplace Safety

None

*Primary Phone Number (ex: (999) 999-9999)

Email (ex: you@wcb.yk.ca)

Business Contact Information

*Have you identified a payroll, claims, workplace safety contact?

Yes

No

*Is the owner(s) listed above the payroll contact person?

Yes

No

*Payroll Contact First Name

*Payroll Contact Phone Number (ex: (999) 999-9999)

*Payroll Contact Last Name

*Payroll Contact Email (ex: you@wcb.yk.ca)

Is the owner(s) listed above the claims contact person?

Yes

No

Claims Contact First Name

Claims Contact Phone Number (ex: (999) 999-9999)

Claims Contact Last Name

Claims Contact Email (ex: you@wcb.yk.ca)

Is the owner(s) listed above the Workplace Health and Safety contact person?

Yes

No

WHS Contact First Name

WHS Contact Phone Number (ex: (999) 999-9999)

WHS Contact Last Name

WHS Contact Email (ex: you@wcb.yk.ca)

PRINTED: 07-11-2026

Employer Business Information

* Is the Yukon your home jurisdiction? (Your home jurisdiction is where your head office is.)

Yes

No

* If no, where is your home jurisdiction?

* How many workers including casuals do you have working in the Yukon on average? Do not include owner/operator or partners.

None

1-10

11-25

26-50

51 or more

* Please describe your business activities and primary business purpose.

* What types of products, goods or services does your business provide?

* What type of tools are used?

* Do you have more than one business purpose?

Yes

No

What is your secondary business purpose?

Please provide the location of your workplace in the Yukon.

"Workplace" means a building, site, project site, workshop, structure, vehicle or mobile equipment, or any other location where one or more workers perform or have performed work.

* Has your business been contracted by any other business to do work in the Yukon?

Yes

No

List the legal names of your contractors or subcontractors.

Does your business hire any contractors or subcontractors?

Yes

No

List the legal names of your contractors or subcontractors

Payroll Information

For your workers, excluding the proprietor (owner/operator) or partners, that are working in the Yukon, what is your estimated assessable payroll to December 31?

$

Your total estimate is the amount of payroll for each worker for the time they are working in the Yukon (do not exceed the maximum annual earnings per worker). Requested coverage amount, not to exceed the maximum annual earnings of $104,975 for 2025 and $107,599 for 2026.

PRINTED: 07-11-2026

Have you completed an Application for Optional Coverage for a proprietor or partners?

Yes

No

Do you wish to purchase Optional Coverage for a proprietor or partner(s)?

Yes

No

If yes, please submit an Optional Coverage form.

You may want to buy optional insurance coverage so you're protected if you or your worker are injured on the job. Optional coverage also protects you from lawsuits by workers who are injured on the job.

Is there any additional information you would like to provide to assist us with the registration of your business?

Signature, consent and declaration

By checking this box, I acknowledge that electronic communication has inherent security risks, as do all forms of communication. Notwithstanding the inherent risks of electronic communication, I consent to the use of electronic methods to transmit and receive information, including confidential and personal information between the board and myself. This consent will remain in effect until written notice to revoke this authorization has been received by the board.

By checking this box I declare that the information provided is true and correct.

My name is

*My email is (ex: you@wcb.yk.ca)