



# REGISTRATION APPLICATION

PLEASE PRINT. Attach additional sheets if required.

WorkSafeBC use only
Account number

## 1. Firm/resident information

Legal name of firm/resident		Canada Revenue Agency Business Number <i>(first nine digits only)</i>	
Trade name <i>(if different from legal name)</i>		Business web site	
<b>Select appropriate type of firm</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs	<b>For proprietorships only</b> Enter the social insurance number of proprietor  Social insurance number _____	<b>For corporations/societies only</b> If you operate a corporation, enter incorporation number and date Incorporation number _____ Incorporation date _____ <span style="float: right;"><i>yy/mm/dd</i></span>	

## 2. Firm contact information

<b>Mailing address</b>				
Street address		City	Province	Postal code
Business phone number (     )	Home phone number (     )	Fax number (     )	E-mail address	
<b>Physical address or operating location of business <i>(if different from above)</i></b>				
Street address		City	Province	Postal code

## 3. Worker and payroll details *(Important: Please see instructions before completing.)*

Do you employ workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of workers	Start date of first worker <i>(yyyy-mm-dd)</i>	Estimate of annual payroll for all workers \$ <i>(If your firm is a corporation, in your estimate, include the earnings of shareholders who are active in your firm.)</i>
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## 4. Business operations *(If you are a resident hiring workers in or around your home, please go directly to section 7.)*

Describe your firm's business operations
List the major revenue-producing equipment that your firm supplies <i>(please include the year, make, model, and serial number)</i>
List the major materials that your firm supplies

## 5. Previous registration/affiliated firms *(Please complete sections a, b, and c.)*

(a) Has your firm ever been registered with WorkSafeBC (the WCB) under any name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a principal of your firm ever been the principal of another firm registered with WorkSafeBC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Does your firm provide services or products to an affiliated firm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If you answered yes to any of the above questions, list the other firm(s) in section 5(c).</i>			
(c) List all affiliated firms currently or previously registered with WorkSafeBC (e.g. firms with common ownership, under common control, or controlled by family members.).			
Firm name	WorkSafeBC account number	Name(s) of principal(s)	

Legal name of firm/resident *(please enter the same name that you listed at the top of page 1)*

**6. For trucking, taxi, and courier industry only**

What type of trucking or courier service do you provide? <i>(e.g. gravel, log hauling, delivery service)</i>	If trucking, do you drive into other provinces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year and make of your business vehicle registered in your name/your firm's name	
Do you own or lease your vehicle? <input type="checkbox"/> Own <input type="checkbox"/> Lease	If leasing, please enter the name of the firm leasing the vehicle to you

**7. For residents who hire workers for services in or around their homes**

What type of service will you be receiving in your home? <input type="checkbox"/> Nanny or other caregiver <input type="checkbox"/> Domestic worker, such as a maid <input type="checkbox"/> Construction or repair worker(s) or contractor <input type="checkbox"/> Gardener or landscaper <input type="checkbox"/> Other <i>(please specify)</i>	Will this individual work for you for less than eight hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual work on a specific project that will take 24 hours or more? (Calculate the total number of person-hours. If the total exceeds 24 – for example, you've hired three workers who will each be working nine hours for a total of 27 person-hours – select "yes.") <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual care for children before or after school for 15 or fewer hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this individual with an agency that is registered with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**8. For contractors/subcontractors only**

If you are a contractor, list the firms/individuals that you are, or will be, hiring on a contract basis. If you are a subcontractor or are self-employed, list the firms/individuals that you are, or will be, working for.			
1. Name of firm or individual	<input type="checkbox"/> I am hiring this firm/individual <input type="checkbox"/> I am being hired by this firm/individual	Telephone number ( )	
Street address	City	Province	Postal code
2. Name of firm or individual	<input type="checkbox"/> I am hiring this firm/individual <input type="checkbox"/> I am being hired by this firm/individual	Telephone number ( )	
Street address	City	Province	Postal code

**9. For corporations and partnerships only**

Enter the contact details of partners or shareholders who are active in your firm.			
1. Name of shareholder or partner <i>First Middle Last</i>			Telephone number ( )
Street address	City	Province	Postal code
Social insurance number			
2. Name of shareholder or partner <i>First Middle Last</i>			Telephone number ( )
Street address	City	Province	Postal code
Social insurance number			

**10. Certification**

By submitting this form, I certify and declare the following: that I am authorized to make this application on behalf of the firm applying for coverage; I have read, or have had read to me, and I fully understand, the content, requirements, and declaration of this application; that the information provided in this application is true, complete, and accurate; and that I may be committing an offence and may be liable to prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information.

Information on this form is collected for the purposes of administering and enforcing the *Workers Compensation Act* and is collected under the authority of that Act and the *Freedom of Information and Protection of Privacy Act*.

Name <i>(please print)</i>	Title or relationship to firm	Telephone number ( )
Signature	Date <i>(yyyy-mm-dd)</i>	

**WorkSafeBC use only**

Date <i>(yyyy-mm-dd)</i>	Time	WorkSafeBC representative
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# VOLUNTARY COVERAGE APPLICATION

**Assessment Department**

Phone 604 244-6181  
 Toll-free 1 888 922-2768  
 Fax 604 244-6490

**Mail**

WorkSafeBC Assessment Department  
 PO Box 5350 Stn Terminal  
 Vancouver BC V6B 5L5

**Please print.**

Name of employer or homeowner		
Mailing address		
Phone number <i>(include area code)</i>	Fax number <i>(include area code)</i>	Email address
If address is a box number, please provide street address or geographic location for your business		

**Describe your business operations. If you are a homeowner wanting coverage for workers in or around your home, please describe your project.**

**We confirm our understanding that the coverage we are applying for is of a voluntary nature and will remain in effect until cancellation in writing.**

Contact person <i>(person completing the application)</i>	Title
Signature	Date <i>(yyyy-mm-dd)</i>



# PROTECTING employers and workers

In many jurisdictions around the world, workers can sue their employers for damages if they suffer work-related injuries. The damages awarded can be significant and, in some cases, have actually bankrupted successful companies.

That's not the case in British Columbia, thanks to what's known as the historic compromise on which the province's workers' compensation system is founded. In return for giving up the right to sue their employers for work-related injuries and diseases, workers receive no-fault wage loss and medical benefits if they are injured at work.

In return for protection against lawsuits, employers have a legal requirement to register for insurance coverage with WorkSafeBC, the Workers' Compensation Board of B.C., provide a safe and healthy workplace, and pay insurance premiums to fund the system.

## Registering with WorkSafeBC

Most firms that hire workers are required by law to register with WorkSafeBC. This includes incorporated companies that employ only their shareholders and individuals who hire family members to work in their firm. B.C. residents who hire contractors to build or renovate their homes, casual help for ongoing services such as gardening or home repairs, or domestic workers to provide in-home services, may, in some cases, also be required to register. Check your registration requirements online at [WorkSafeBC.com](http://WorkSafeBC.com).

## Completing this application

Please read the instructions carefully before completing this application. To avoid processing delays, be sure to complete it in full and to sign it before submitting it to WorkSafeBC. Return the completed application by mail, fax, or in person. To save time, you can also complete the application online at [WorkSafeBC.com](http://WorkSafeBC.com). Once we have received the application, we will review it to determine whether your firm qualifies for registration with WorkSafeBC. You will then receive a letter confirming our decision.

## For more information

Please contact our Employer Service Centre, 8:30 a.m. to 4:30 p.m., Monday through Friday.

**Phone:** 604 244-6181  
or toll-free: 1 888 922-2768

**Fax:** 604 244-6490

**Mailing address:** P.O. Box 5350 Station Terminal  
Vancouver BC V6B 5L5

**Head office:** 6951 Westminster Highway  
Richmond BC V7C 1C6

**Regional offices:** Check listings at [WorkSafeBC.com](http://WorkSafeBC.com)

**Web site:** [WorkSafeBC.com](http://WorkSafeBC.com). For more information about registration requirements, click on the Insurance tab

## How to complete your application

### Section 1 — Firm/resident information

#### Legal name of firm/applicant

Enter the legal name of your firm (e.g., the name under which the corporation is incorporated or registered with the Canada Revenue Agency (CRA)). If your firm is a proprietorship or partnership, enter the full legal name(s) of the proprietor or partners.

#### CRA Business Number

Enter the first nine digits of your firm's CRA program account number (if applicable). If your firm does not have a Business Number, you can apply for one from BC's OneStop online service at [www.bcbusinessregistry.ca](http://www.bcbusinessregistry.ca).

#### Type of firm

The majority of firms are partnerships, proprietorships or limited companies. If your firm is applying for registration as a First Nations Band, cooperative, municipality, society, union, government agency, church, or district, select "other."

**Note:** *All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. Proprietors may also apply for coverage for their spouses. You will find the application form online at [WorkSafeBC.com](http://WorkSafeBC.com).*

### Section 2 — Contact information

Enter your firm's contact details, including the physical address, telephone and fax numbers, and e-mail address.

### Section 3 — Worker and payroll details

#### Worker information

Enter the number of workers in your firm, as well as the date your first worker was hired. A worker is anyone you employ on a full-time, part-time, casual or temporary basis, including:

- Someone who's not an employer, and who's paid on an hourly, salaried, piecework, or profit sharing basis
- The child of a proprietor or partner who's paid by your firm, regardless of the child's age
- A partner's spouse who works for the partnership and is paid for his or her services
- A spouse, child, or other family member of a principal or shareholder of your firm for whom earnings are reported for income tax purposes

Workers include those in administration and management, clerical staff, labourers, labour contractors who are not registered with WorkSafeBC, and active shareholders. If you are registering to cover someone who works in or around your home — such as a babysitter, gardener, or labourer for home repairs — complete this section as well.

### Estimate of annual payroll

Payroll includes any means by which workers, family members, shareholders, office staff, casual labour, and administrative personnel are paid. When estimating payroll, be sure to include all wages, salaries, commissions, holiday pay, bonuses, and any other means or manner by which a worker is paid. If your firm hires subcontractors who do not have their own WorkSafeBC coverage, also include the amounts paid to them.

## Section 4 — Business operations

(go directly to section 7 if you are a resident hiring workers in or around your home)

### Description

Describe your firm's business operations, including the nature of the goods and/or services provided to customers. For example:

- A convenience store selling miscellaneous groceries to the general public
- An owner-operator providing dump truck services
- A software company that provides consulting services
- A drywall company that works on commercial projects

### Major revenue-producing equipment

Revenue-producing equipment includes the major items your firm supplies to complete a contract. Examples include skidders, loaders, backhoes, mobile welding trucks, dump trucks, cars used in the courier industry, and trucks used in the trucking industry. Hand tools and personal crew transportation equipment — cars, pickups, and crummies, for example — do not fall within this definition.

### Major materials

These are the primary materials that your firm supplies to complete a contract at a fixed price. Examples include: the paint for a painting contract, drywall for a drywall contract, or lumber or concrete for a construction contract. Supplementary materials — like nails and drywall tape — do not fall within this definition.

## Section 5 — Previous registration/affiliated firms

### Previous registration/affiliated firms

If your firm, or a partner or shareholder of your firm, has

previously had an account with WorkSafeBC, select yes and complete this section.

Firms are affiliated when:

- Directly or indirectly, through one or more intermediaries or other means, one firm controls the other firm, or both firms are controlled by the same person or groups of persons, or
- The firms are controlled by family members — immediate, extended, or equivalent.

Affiliated firms are common in many industries: in construction, for example, where a management firm may provide administrative or payroll services to an affiliated company. If your firm is affiliated to other firms, list the firms, along with their contact details and WorkSafeBC account numbers.

## Section 6 — Trucking, taxis, or couriers

If your firm operates in the trucking, taxi, or courier industry, describe your firm's business operations and services. Also supply information about vehicles used by your firm and the firm leasing them, if applicable. If your firm works in trucking and drives into other provinces, it may be able to pay its insurance premiums in one province only. For more information, go to WorkSafeBC.com and select **Application for alternative assessment procedure for interjurisdictional trucking**.

## Section 7 — Residents who hire workers for home services

If you are hiring workers to provide services in or around your home, please complete this section in full.

## Section 8 — Contractors and subcontractors

If your firm is a contractor or subcontractor, please complete this section in full.

## Section 9 — Corporations and partnerships

Enter the contact details and social insurance numbers of partners or shareholders.

**Note:** *All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. Proprietors may also apply for coverage for their spouses. You will find the application form online at WorkSafeBC.com.*

## Section 10 — Certification

This application must be signed by an authorized representative of the firm that is applying for registration. Be sure to include a telephone number in case we need to contact that person for more information.