

If you are registered with WorkSafeBC and need to report that your business operations are continuing under a new type of legal entity, and the ownership remains the same, please complete this form. Legal entity changes can include incorporation, changing partners in a partnership, or moving from a proprietorship to a partnership and vice versa.

- If you have been involved in an amalgamation, please complete Form [18E200](#) instead.
- If your legal entity change is from proprietorship to partnership or vice versa (with Personal Optional Protection [POP]), please see Form [1801](#). (POP is optional; therefore, a written request is required from the firm to transfer POP.)

To avoid processing delays, be sure to complete this form in full and attach applicable or requested documentation.

You can print this form and complete it by hand, or you can complete it digitally. To complete this form digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader. Type your information in the form, attach digital files as needed by clicking the **Attach** button, then click the button near the end to check that all your attachments appear in the Attachments panel.

1. Current WorkSafeBC account information

Legal name of firm or individual	Trade name (if different from legal name)	WorkSafeBC account number		
Business mailing address		City	Province	Postal code
Business phone number	Email address	Canada Revenue Agency business number (first nine digits only)		
Select appropriate type of firm <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation/society <input type="checkbox"/> Other <input type="checkbox"/> Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs				

2. Information on the new legal entity

Legal name of firm or individual	Trade name (if different from legal name)	WorkSafeBC account number		
Business mailing address		City	Province	Postal code
Business website		Canada Revenue Agency business number (first nine digits only)		
Contact person's name	Role	Phone number	Email address	
Select appropriate type of firm <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation/society <input type="checkbox"/> Other <input type="checkbox"/> Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs				
For corporations/societies only Incorporation number		Provide the Certificate of Incorporation (if applicable); if you are submitting this form digitally, you can attach a digital file of the certificate by clicking the Attach button		
Incorporation date (yyyy-mm-dd)				

3. Business operations

Describe your firm’s business operations being carried out in B.C. prior to the legal entity change	Payroll for final year of operations for current account
Describe what business operations, if any, have moved to the new legal entity	Start date of operations under new legal entity (yyyy-mm-dd)

4. Participants ☐ Partners ☐ Proprietor ☐ Shareholders

1. First name	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number
Street address			City	Province Postal code
2. First name	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number
Street address			City	Province Postal code
Do you have additional active partners or shareholders? (If yes, please list each person’s full name, date of birth, phone number, and address in a separate document and attach the list; if you are submitting digitally, use the Attach button on page 1) <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				

5. Affiliated firms

Are you affiliated with other firms? (If yes, complete the table below)

☐ Yes
 ☐ No

For WorkSafeBC purposes, firms are affiliated when any of the following apply:

- One firm controls another firm, directly or indirectly, through one or more intermediaries or other means
- Both firms are controlled by the same person or group of people
- The firms are controlled by family members — immediate, extended, or equivalent

An example of an affiliated firm would be when the shareholder of a limited company also operates a proprietorship. In this case, although the firms may not be working together, the firms are affiliated due to common control.

List all affiliated firms currently or previously registered with WorkSafeBC.

Firm name	WorkSafeBC account number	Name(s) of principal(s)

6. Certification and permissions

☐ I certify that the information I have provided is, to the best of my knowledge, accurate and complete

I grant permission to WorkSafeBC to transfer any applicable credit to the new account

☐ Yes ☐ No

If you are completing this form in Acrobat and have added attachments, click the **Check attachments** button to see an Attachments panel and verify your files are there. [Check attachments]

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service.

By checking "Yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant permission to WorkSafeBC to send me emails that may contain personal information

☐ Yes ☐ No

Name (please print or type)	Title or relationship to firm	Phone number
Date (yyyy-mm-dd)	Signature (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to add your signature in Acrobat.)	

How to submit this form

The easiest way to submit this form is digitally. Save the completed form to your computer, create an email to AssessReqClassRev@worksafebc.com, attach your completed form, then click **Send**.

If you've printed the form and completed/signed it by hand, you can scan it and email it, or you can mail it to PO Box 5350 Stn Terminal, Vancouver, BC, V6B 5L5.

Are you ready to submit this form?

☐ Yes, I have completed all the necessary fields and signed this form.

WorkSafeBC collects information on this form for the purpose indicated on the form and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.