

**To register as a new employer with the Workers Compensation Board (WCB), complete this form and submit it to the address above by mail, fax or in person -or- Register electronically with WCB Online Services at wcb.pe.ca**

## SECTION (A) EMPLOYER INFORMATION

WCB Employer # (if known):	Contact person:
Business Name:	Phone:
Mailing Address:	Email:
City/Town:	Trade Name:
Province:                      Postal Code:	Canada Revenue Agency Business Number:
Description of business activities:	
Payroll Filing (WCB Payment Frequency): <input type="checkbox"/> Monthly <input type="checkbox"/> Annually                      Start Date:	

## SECTION (B) PAYROLL RECORDS

Payroll records kept at:
Address:

## SECTION (C) PROPRIETORS & PARTNERS (non-incorporated business) or OWNERS & DIRECTORS (corporation)

Name	Title

## SECTION (D) OPERATIONS

**See Payroll Reporting Guidelines for instructions, if required, to calculate Actual Assessable Gross Payroll**

Operation Name	Description of Business	2023 Number of workers	2023 Actual Assessable Gross Payroll	2024 Number of workers	2024 Estimated Assessable Gross Payroll	Seasonal? (Yes/No)	Starting Month (if seasonal)

## SECTION (E) DECLARATION

By submitting this form, I certify and declare that I am authorized to make this application on behalf of the employer applying for coverage and that the information provided in this application is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly provides false or misleading information to the WCB may be committing an offence and may be liable to prosecution.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

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 section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7, 902-368-5680, toll free at 1-800-237-5049 or [accessandprivacy@wcb.pe.ca](mailto:accessandprivacy@wcb.pe.ca)

Your opinion is important to us. To improve services, the WCB may contract an independent survey company to survey a sample of employers. The WCB does not know which employers will be contacted. If you are contacted, we encourage you to participate. The research company does not share your personal responses with the WCB.