WSIB ONTARIO CSPAAT
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Toronto ON
M5V 3J1

Telephone: (416) 344-1007
Fax: (416) 344-2707
Toll Free: 1-800-387-0080

Employer Registration

Account Number	Firm Number

All information is strictly confidential.

start

Issue Date (dd-mmm-yyyy)

print

reset

Mailing Address	
Town/City	
Province	Postal Code
Telephone Number ( )	Fax Number ( )
Website Address	
Email Address	

Section A : Should You Register?

Do you currently hire workers, or (sub)contractors considered by the WSIB to be workers, or plan to hire them in the future? ☐ yes ☐ no

If you have answered "yes", how many workers do you generally have? _____

Please complete this form.

If you have answered "no" to the above question, an account may still be established for optional insurance. If you do not wish to request optional insurance, do not fill in this form.

Domestic Employers: If you employ a domestic for more than 24 hours a week, complete this form

Section B: Previous Registration

Do the owner(s), partners or executive officer(s) have, or have they previously had, an account with the WSIB? ☐ yes ☐ no

If you have answered "no", go to Section C.

If you have answered "yes", please provide the following information for the previous account. If there is information about more than one account, please use page 3. *go to Page 3*

Legal Name		Address		
City	Province	Postal Code	Telephone Number ( )	WSIB Account Number

Section C: Employer Name(s) & Identification

Please complete this section in full. A copy of the documents filed with the Ministry of Consumer and Business Services or any other supporting documents must be attached to this form.

Legal Name

Place an "X" in the box that describes the ownership of your operation. ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Language Preference ☐ English ☐ French

Trade Name(s)

CCRA No. (Revenue Canada)	Bank Name	Branch

Section D: Address(es)

Work Location

Please provide the physical location where the employer is carrying on business activities (i.e. not a box number or general delivery). If there is more than one work location, please use page 3. *go to Page 3*

Address

Postal Code	Area Code ( )	Telephone Number	Area Code ( )	FAX Number	Email Address (if different)

Payroll Address

Only fill out this section if the physical location of your payroll records differs from your work location address.

Address

Postal Code	Area Code ( )	Telephone Number	Area Code ( )	FAX Number	Email Address (if different)

Section E: Business Activity

Describe your business activity, including equipment or machinery used and materials contained in your product, in the area below.

Business Activity Description	Dates (e.g. 01JAN1996) (Include all workers' and contractors' labour)	Estimated Insurable Earnings for the Current Calendar Year	For WSIB Use Only
start	Date Help First Employed (ddmmmyyyy)		
	Date Help First Employed (ddmmmyyyy)		
	Date Help First Employed (ddmmmyyyy)		

If there are more than three business activities, please use page 3. go to Page 3

If there is more than one business activity, do you maintain segregated payrolls for each business activity? ☐ yes ☐ no

Please provide the trade names and business activities of three competitors.

Name	Business Activity

Section F: Owner/Executive Details

Please provide the following details about the owner, managing partner, or chief executive officer.

First Name	Middle Name	Last Name

Date of Birth (e.g. 01JAN1995)	Title

Home Address (This address must be a physical address and not a box number or a general delivery).

City	Province	Postal Code	Area Code Telephone No.
			( )

If the employer has more partner(s) or executive officer(s) than the one individual shown above, please use page 3. go to Page 3

Personal information on this form is collected under the authority of the Workplace Safety and Insurance Act, 1997, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please contact your Customer Service Representative/Account Manager or call 1-800-387-8638.

Section G: Associated Employer(s)

Does the employer have an associated relationship with one or more other employers? ☐ yes ☐ no

If yes, does the employer have any business dealings with the associated employer(s)? ☐ yes ☐ no

If you have answered "yes" to both these questions, please provide the name and address of the associated employer. If there is more than one employer, please use page 3. go to Page 3

Legal Name			
Address	City	Province	Postal Code	Account Number

Section H: Certification

I hereby certify that I am the employer (or authorized officer) responsible for paying all WSIB premiums on this account (and any linked accounts) for which the individual or entity identified under "Legal Name" in Section C is legally liable. To the best of my knowledge, the information on this form and on any documents attached is true and correct.

Name (please print)	Title	
Signature ***Please print this document, sign and return to the Workplace Safety and Insurance Board.***	Area Code Telephone Number ( )	Date Completed (e.g. 01JAN1996) d d m m m y y y y

For WSIB Use Only	Letters/Forms Issued	WSIB Representative	Signature

All information is strictly confidential.

go to HOME page

Legal Name

start