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Alternative Assessment Procedure (AAP) Application for Interjurisdictional Trucking and Transport

WorkplaceNL account number	Start date of interjurisdictional operations (yyyy-mm-dd)		
Legal name	Trade name		
Contact person	Position title		
Phone number (include area code)	Fax number (include area code)		
Mailing address	City	Province	Postal code

Please check as applicable	Workers travel in or through...	Workers live in...	The firm has a place of business in...	Account number (if you are registered in another jurisdiction)
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories and Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Québec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligible industries

Please indicate the industry in which your firm is operating (check all that apply)	
<input type="checkbox"/> General freight trucking	<input type="checkbox"/> Couriers, messengers, and delivery
<input type="checkbox"/> Specialized freight trucking	<input type="checkbox"/> Interurban and rural bus transportation
<input type="checkbox"/> Used household and office goods moving	<input type="checkbox"/> Charter bus industry
<input type="checkbox"/> Forest products trucking	<input type="checkbox"/> Land scenic and sightseeing transportation
<input type="checkbox"/> Dry bulk materials trucking	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Bulk liquids trucking	

Declaration

<ul style="list-style-type: none"> I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the <i>Workplace Health, Safety and Compensation Act</i>; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm that the information provided is complete and accurate. The applicant firm grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP. 	
Name of authorized signing authority (please print)	Position title
Signature of authorized signing authority	Date (yyyy-mm-dd)

Summary of terms and conditions

1. Once this application is accepted by WorkplaceNL (the Assessing Board), the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference the *Interjurisdictional Agreement on Workers' Compensation* (the IJA) and carry the same force and effect as that document.
3. The IJA may be revised from time to time without notice. Once published, those revisions are incorporated into these terms and conditions.
4. If this application is accepted, the firm will pay assessments for each impacted worker to the Assessing Board in accordance with the Alternative Assessment Procedure (AAP). The Assessing Board will notify the appropriate Registering Board(s) of its acceptance of the firm for the AAP.
5. If the firm employs workers living in any jurisdiction other than Newfoundland and Labrador, the firm must contact the workers' compensation authority in that jurisdiction to ascertain whether registration is required and to secure compensation coverage for all eligible workers.
6. A worker's right to claim benefits from the jurisdiction of residence or the jurisdiction of injury is not affected by this procedure.

General information

The AAP forms part of the *Interjurisdictional Agreement on Workers' Compensation* (the IJA), an agreement between all Canadian workers' compensation authorities. Changes to the IJA are made public on the Association of Workers' Compensation Boards of Canada website, awcbc.org, where you can also obtain a copy of the IJA.

Each workers' compensation authority in Canada generally requires an out-of-province firm to pay premiums for every worker who works in the province or territory (in the trucking and transportation industries, earnings and premiums are based on a percentage of kilometres driven in each province or territory). However, a firm that elects the AAP will pay premiums to the workers' compensation authority in the jurisdiction where a worker lives, provided the worker is eligible for compensation coverage from that jurisdiction for work undertaken anywhere in Canada. Once an application for the AAP has been approved, the Assessing Board will notify Registering Boards of the application, and a registration will generally be established in each applicable jurisdiction.

Payment and reporting

A firm that:

1. employs a worker to perform work in an included industry in more than one jurisdiction, and
2. elects the AAP, reports all earnings for that worker and pays premiums for that worker to the workers' compensation authority in the jurisdiction where the worker lives. The firm reports and pays assessments for all other workers in the province or territory where those workers work.

Participation in the AAP is for a full calendar year and mid-year changes will not be permitted. To withdraw from the AAP, a firm must provide written notice to the Assessing Board and each Registering Board prior to the commencement of the applicable calendar year. The firm will then be withdrawn from the AAP effective January 1 of the next calendar year.