

SECTION A - BUSINESS INFORMATION		Firm number		
Legal name of business				
Trade name of business				
Select appropriate business type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	For Corporations/Incorporated Associations (attach a copy of articles of incorporation) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Incorporation number</td> <td style="width: 50%;">Incorporation date</td> </tr> </table>	Incorporation number	Incorporation date	Business start date (in NL) CRA business number
Incorporation number	Incorporation date			

SECTION B - DESCRIPTION OF BUSINESS

(1) Describe what your business does in Newfoundland and Labrador

(2) Provide examples of the types of services your business provides and/or the products sold or manufactured

SECTION C - BUSINESS CONTACT INFORMATION

Provide the mailing address where you want to receive your assessment invoices/statements, as well as the contact information for the person who should receive this information

Contact name				
First name	Middle name	Last name		
Mailing address		City	Province	Postal code
Phone number	Fax number	email		

SECTION D - OWNER/DIRECTOR INFORMATION

List the Proprietor, Partners or Director(s) of the company (attach a copy of Notice of Directors, if applicable)

Contact name				
First name	Middle name	Last name		
Mailing address		City	Province	Postal code
Phone number	Fax number	email		

Contact name				
First name	Middle name	Last name		
Mailing address		City	Province	Postal code
Phone number	Fax number	email		

SECTION E - PAYROLL INFORMATION *For clarification on total assessable earnings please refer to the instructions*

Provide payroll information in the table below for current and prior years for all workers and directors. (Enter \$0 if operated in prior year without payroll.)

Calendar year	2020	2019	2018	2017	2016	2015
Total assessable earnings						

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SECTION F - CONTRACTORS/SUBCONTRACTORS

(1) Did you hire contractors/subcontractors last year? <i>If yes, complete the table below (attach an additional sheet if necessary)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>		(2) Will you hire contractors/subcontractors in the current year?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contractor/subcontractor name	Mailing address	Type of work performed	Telephone number	Total contract value	Labour value (if known)		

SECTION G - PREVIOUS REGISTRATION/AFFILIATED FIRMS

Has this business been registered with WorkplaceNL before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, under what name?
Are you taking over an existing business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide previous owners name
Is the business associated with another firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide name of related/affiliated firm(s)

SECTION H - CLAIM COST CONTACT

Due to the confidential nature of the costs associated with injured workers' claims, employers must designate a person with whom claim cost reports can be communicated. WorkplaceNL will not release or discuss cost information unless this signed form is on the employer's file.

Contact Name					
First name	Last name	City		Title	
Mailing address			Province	Postal code	
Phone number	Fax number		email		

SECTION I - WORKPLACE LOCATIONS

Please complete the chart below for each permanent workplace for your business. A permanent workplace is a site where at least one person is engaged in work and the site is intended to continue for 30 days or more. *(This includes new construction or industrial projects).* Attach an additional sheet if necessary.

Street	City/Town	Province	Postal Code	Total # workers per workplace location	Telephone

Note: The total number of workers per workplace location should state the maximum number of workers that were at the location for greater than 30 days per calendar year. This would include full-time, part-time, casual, and contract positions. Do not include directors, proprietors, or partners in this number.

SECTION J - WorkplaceNL connect (mandatory)

WorkplaceNL **connect** online services enables employers to manage various aspects of their accounts electronically in a convenient and secure manner. To register for our online services, complete the section below. Only one individual in your organization can be designated as the Employer Administrator. This role is necessary to manage access rights to web services for all users in your organization (creating user accounts, assigning/revoking privileges, etc.). This person also has access to all web services for your organization.

Administrator name		Title	Telephone number
Fax number	email	Address	
City		Province	Postal code

SECTION K - DECLARATION AND CONSENT

By signing this form, I declare that I am owner, director or authorized signing officer of the organization named in this application. I acknowledge that I have read and understand the information, requirements, roles and responsibilities outlined in this application and the accompanying instructions. I understand that omitting relevant or giving false or misleading information is a serious offence.

Individual name (please print) Signature Date (year/month/day)

Title Phone

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WorkplaceNL Registration for Employers

The *Workplace Health, Safety and Compensation Act* (the *Act*) requires all employers performing work in Newfoundland and Labrador to register with WorkplaceNL.

An employer is a person or entity engaged in business in Newfoundland and Labrador. The employer may be a sole proprietor, partnership, corporation, municipality, association, society or any entity employing workers. A worker includes: full-time, part-time and casual workers. Directors of incorporated companies are also considered workers under the Act. Registration is also required where a business (the principal) sub-contracts work in the province, even if the business itself has no direct workers in Newfoundland and Labrador.

Incorporated entities

All incorporated entities operating in Newfoundland and Labrador must register with WorkplaceNL. Coverage is mandatory for all workers, including the owner, directors, or managers, even if the owner is the only worker.

Non-incorporated entities

A non-incorporated entity is not required to register if the only workers are the proprietor or partners. However, as soon as a non-incorporated entity hires a worker or sub-contracts work in this province, they must register. If the owners of a non-incorporated entity wish to be covered, they may voluntarily apply for optional personal coverage.

Section A – Business Information

Firm number

A firm number will be assigned once we have received and processed the registration application. This unique identifier should be used whenever you communicate with WorkplaceNL.

Legal name of business

Enter the legal name of the firm. If the firm is incorporated, the legal name is the name that appears on the Articles of Incorporation. If the firm is not incorporated enter the full legal name(s) of the proprietor or partners.

Trade name

The trade name may be the same as the legal name or it may be a different name under which the business operates and is identified by.

Business type

Select whether the firm is a Corporation, Proprietorship or Partnership. If none of these apply, select other.

For Corporations/Incorporated Associations

If your firm is incorporated, provide the incorporation number and date as it appears on the Articles of Incorporation.

Business start date

Enter the date your firm started operations **in Newfoundland and Labrador**.

CRA business number

Enter the first nine digits of your firm's CRA program account number (if applicable).

Section B – Description of Business

Describe the type of work conducted by your firm in Newfoundland and Labrador and provide examples of the types of products and services offered. For assessment purposes, employers are classified by the industry in which they are operating. As a result, the description of business you provide is critical in ensuring your firm is appropriately classified and paying the correct amount of assessments.

Section C – Business Contact Information

Enter the business contact information and mailing address for all assessment related information (e.g. invoices statements, etc.)

Section D – Owner/Director Information

Enter the contact details of proprietors, partners and directors. The mailing address provided should be the home mailing address of the proprietor, partners or director(s). If the firm is incorporated, attach a copy of the *Notice of Directors*.

Section E – Payroll Information

Provide an estimate of your workers' gross wages for the current year and provide the actual gross wages paid in prior years. If your firm is incorporated, you must include the gross wages for all directors and active shareholders.

If your business or organization is not incorporated, do not include money paid to the proprietor or partners of the business. This remuneration is not assessable since coverage for proprietors or partners of non-incorporated businesses is not mandatory under the *Act*. If these individuals wish to be covered, they can apply for optional personal coverage by contacting WorkplaceNL.

Below are some examples of the types of remuneration that must be reported:

- Gross salary, overtime and retroactive pay increases
- Vacation pay, work-related and discretionary bonuses and tips and gratuities reported on T4 statements
- Commissions
- Gifts and education allowances

Generally, all taxable benefits are assessable. For more information, consult our Fact Sheet - Assessable Earnings at <http://www.whscc.nl.ca/forms> or contact WorkplaceNL.

Please note that WorkplaceNL only insures payroll to a maximum annual amount per worker. This amount is referred to as the maximum assessable earnings. The maximum assessable earnings per worker are set each year according to the Consumer Price Index (CPI). When reporting your payroll information in this section, you do not need to include the amount above the maximum for an individual worker.

Listed below are maximum assessable earnings per worker for the years 2014-2019.

2015	2016	2017	2018	2019	2020
\$61,615	\$62,540	\$63,420	\$64,375	\$65,600	\$66,980

Section F – Contractors/Subcontractors

Indicate whether you hired contractors/subcontractors last year and whether you intend to hire them in the current year.

If you hired contractors/subcontractors last year, you are required to report them. If necessary, attach a list including the contractor name(s), contact information, type of work performed and contract value(s).

If a contractor/subcontractor is not in good standing with WorkplaceNL, you may be liable for paying any assessments that the contractor/subcontractor owes to WorkplaceNL and the cost of injury in the event of an accident.

To avoid responsibility for assessments and injuries of contractors/subcontractors and/or their workers, you should request clearance on all contractors who work for you. A clearance confirms that the contractor is in good standing with WorkplaceNL (meaning the firm is registered and has an up-to-date account).

Section G – Previous Registration/Affiliated Firms

If this firm has been previously registered with WorkplaceNL, provide the name and firm number.

If you are taking over an existing business, provide the previous owner's name and firm number (if known).

If your firm is associated/affiliated with another firm, provide the name of the related/affiliated firm. Firms are affiliated when they have common ownership, management, or control.

Section H – Claim Cost Contact

WorkplaceNL produces a monthly report for employers who have claim costs and who have requested access to their claim cost information. Due to the confidential nature of the costs associated with injured workers' claims, employers must designate a person with whom claim cost reports can be communicated. WorkplaceNL will not release or discuss claim cost information if this contact person is not provided.

Section I – Workplace Locations

Complete the chart for each permanent workplace. A permanent workplace is a site where at least one person is engaged in work and the site is intended to continue for 30 days or more (this includes new construction or industrial projects).

The total number of workers per workplace location should state the maximum number of workers that were at the location for greater than 30 days per calendar year. This would include fulltime, part-time, casual, and contract positions. Do not include directors, proprietors, or partners in this number.

Section J – WorkplaceNL **connect** (mandatory)

WorkplaceNL's web portal, **connect**, offers web-based services enabling employers to manage various aspects of their accounts electronically in a convenient and secure manner.

With **connect**, employers can:

- View account information, including address, contacts, assessment rates and balances
- Request clearance
- Manage sub-contractor status lists
- Report workplace injuries
- Submit Annual Employer Statements
- Submit Early and Safe Return-to-Work Plans
- View reports and statistics including:
 - Annual Assessment Rate Letter
 - Claim Cost Reports
 - Injury Statistics
 - Prime Information

In this section, you must designate an Employer Administrator for your account. Your Employer Administrator will be the gatekeeper for your organization. He or she will have access to all services and information, and will be able to add and manage service access for other users from your organization. It is important that you choose the right person for the Employer Administrator role and notify WorkplaceNL if the administrator changes.

Once your **connect** account has been processed, we will contact you and provide you with your username and password. When you log on to connect for the first time, you will be prompted to review the Terms of Use. The Terms of Use set out the obligations of your organization and each of its users with respect to using **connect**. It also includes important information about privacy and confidentiality. It is important that each user review the Terms of Use and become familiar with the conditions under which they will be viewing information prior to using services.

Section K – Declaration and Consent

The Registration Application must be signed by an owner, partner, director or authorized signing officer of the firm. Please ensure that you include this individual's contact information in the event that we need to contact them regarding the information contained in this application.