

# Motion Picture and Television Industry Company Registration

Please fax the completed form to WorkSafeBC at 604.244.6490 or email it to [mptireg@worksafebc.com](mailto:mptireg@worksafebc.com)

<b>WorkSafeBC use only</b>
Account number

## 1. Firm/resident information

Legal name of firm/resident		Canada Revenue Agency Business Number (first nine digits only)	
Trade name (if different from legal name)		Business website	
<b>Type of firm</b> (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		<b>For corporations</b> If you operate a corporation, enter incorporation number and date Incorporation number _____ Incorporation date _____ <small>(yyyy-mm-dd)</small>	
Business mailing address			
City	Province	Postal code	
Business phone number (include area code)	Home phone number (include area code)	Fax number (include area code)	
Email address			

## 2. Shareholder, Proprietor, or Partners, & worker information

1.	Name	Date of birth (yyyy-mm-dd)(required)				
2.	Name	Date of birth (yyyy-mm-dd)(required)				
	Do you employ workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of workers <small>(excluding shareholders)</small>	Number of shareholders <small>(excluding workers)</small>	Start date of first worker <small>(yyyy-mm-dd)</small>	Estimate of annual payroll for all workers including shareholders \$	

## 3. Operations

Please provide a brief description of your operations within the motion picture industry:

---

Does your business provide major equipment or materials in the motion picture industry (equipment which requires a significant expense to acquire and a significant expense to provide)?

No     Yes, provide details including the type of equipment, the make, model, and approximate value:

---

Please provide the name of the firm your business is providing services to in the motion picture industry:

---

Does your firm have any business operations outside of the motion picture industry?

No     Yes, provide a description of these business operations including any major equipment or materials provided:

---

Please provide the name of the firm your business is providing services to outside of the motion picture industry:

## 4. Certification

Name (please print)	Title or relationship to firm	Phone number (incl. area code)
Signature	Date (yyyy-mm-dd)	

WorkSafeBC collects information on this form for the purposes of administering and enforcing the Workers Compensation Act. That Act, along with the Freedom of Information and Protection of Privacy Act, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

For general inquiries, contact the Assessment Department at 604.244.6181 or toll-free in Canada 1.888.922.2768.