**Purpose:** Use this form to request access to PEO WebFile and/or to register a Professional Employer Organization with the Commission. WebFile is the Commission’s online reporting system. WebFile is the required means for PEO registration and for reporting to the Commission.

**Instructions**: Complete form fully, sign it and email completed form to [vapeo@workcomp.virginia.gov](mailto:vapeo@workcomp.virginia.gov). For each PEO two individuals may request PEO WebFile access.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PEO INFORMATION** | | | | | |
| NAME OF PEO | | | | | Federal Employer ID Number |
| ADDRESS | | | | | |
|  | | | | | |
| CITY | STATE | ZIP CODE | | TELEPHONE NUMBER  ( ) | |
| **WEBFILE USER INFORMATION** | | | | | |
| FIRST NAME | | | LAST NAME | | |
| EMAIL: | | | | | |
| TELEPHONE NUMBER  ( ) | | | FAX NUMBER  ( ) | | |
| FIRST NAME | | | LAST NAME | | |
| EMAIL: | | | | | |
| TELEPHONE NUMBER  ( ) | | | FAX NUMBER  ( ) | | |
| **SIGNATURE BLOCK** | | | | | |
| I certify the information provided is complete and accurate. I certify I am authorized to act on behalf of the PEO listed and once I obtain WebFile access I will not share access. I further certify that in the event my affiliation with PEO terminates, I will promptly notify the Commission so access can be deactivated.  **By checking this box I certify I have read and agree to the certification statement**  Signature of Requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  **By checking this box I certify I have read and agree to the certification statement**  Signature of Requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | |