**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. For each PEO two individuals may request PEO WebFile access.

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| **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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  |