

**PEO WEBFILE ACCESS
REQUEST FORM**
(Form 95)



Virginia Worker's Compensation
1000 DMV Drive
Richmond, VA 23220
www.workcomp.virginia.gov

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.

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.			
<input type="checkbox"/> By printing or typing my name below I certify I have read and agree to the certification statement			
Name of Requestor: _____ Date ____/____/____			
<input type="checkbox"/> By printing or typing my name below I certify I have read and agree to the certification statement			
Name of Requestor: _____ Date ____/____/____			