

**INITIAL WORKERS' COMPENSATION EXEMPTION REGISTRATION APPLICATION
FORM FOR RELIGIOUS CONSCIENTIOUS OBJECTION**



**Tennessee Bureau of
Workers' Compensation**

220 French Landing Drive, Floor 1B
Nashville, TN 37243
(615) 532-1319
(800) 332-2667

Filing Fee \$20.00

For Office Use Only

APPLICANT INFORMATION (Please print legibly)

First Name: _____ MI _____ Last: _____

Date of Birth _____ Last 4 digits of SSN or SSA Control Number: _____
MM DD YYYY

Phone: (_____) _____ Email: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

INITIAL QUALIFICATION (CHECK ONE)

- Applicant is a member of a religious sect or division which conscientiously objects to the acceptance of workers' compensation benefits and is employed by a business entity.

Business Entity Name _____

SOS Control #: _____ FEIN #: _____ (Attach FEIN proof. IRS letter 147(c) or CP 575)

- Applicant is a member of a religious sect or division and is employed by a sole proprietor.

INITIAL STATE BOARD FOR LICENSING CONTRACTORS INFORMATION (CHECK ONE)

- The business does not have a license issued by the State Board for Licensing Contractors.
 The business has an active license issued by the State Board for Licensing Contractors (complete details below).

License #: _____ Exp. Date: _____

INITIAL LOCAL BUSINESS LICENSE INFORMATION

County: _____

License #: _____ Exp. Date: _____

City/Town: _____

License #: _____ Exp. Date: _____

ATTESTATION

- By checking this box, I attest that I meet all the requirements for the workers' compensation exemption under TCA § 50-6-903 *et seq.* I understand that any false statement I make on the application is subject to the penalties of perjury set out in TCA § 39-16-702.
 By checking this box, I understand that I waive my right to sue under workers' compensation law if I am injured on a job and have utilized the workers' compensation exemption on that job.

ATTACH THE AFFIDAVIT FOR EXEMPTION REGISTRY WITH THIS FORM.

Applicant Signature: _____ Date: _____