

**WORKERS' COMPENSATION EXEMPTION REGISTRATION
CHANGE OF ADDRESS FORM**



**State of Tennessee
Bureau of Workers'
Compensation**
220 French Landing Drive, Suite 1B
Nashville, TN 37243
Phone (615) 532-1319

Filing Fee \$20.00

For Office Use Only

APPLICANT INFORMATION

Registration Control #: _____

First: _____ MI: _____ Last: _____

Date of Birth: _____ Last 4 digits of SSN: _____ FEIN: _____
MM DD YYYY

NEW ADDRESS

Physical Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

ATTESTATION

- By checking this box, I attest that I meet all the requirements for the workers' compensation exemption under TCA §50-6-901 *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.

Applicant Signature: _____ Date: _____