

**WORKERS' COMPENSATION EXEMPTION REGISTRATION
VOLUNTARY REVOCATION FORM**



State of Tennessee
Bureau of Workers' Compensation
220 French Landing Drive, Suite 1B
Nashville, TN 37243
(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 #: _____
Month Day Year

Phone Number: _____ Email: _____

ATTESTATION

- By checking this box, I attest that I am the applicant registered with the information noted above and I voluntarily choose to revoke my workers' compensation exemption registration. I understand that any false statement I make on the application is subject to the penalties of perjury set out in T.C.A. §39-16-702.

I attest that when I submit the voluntary revocation form that: (check one)

- I DO have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation.
- I DO NOT have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation.

Applicant Signature: _____ Date: _____