

**SUBSEQUENT 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)**

Initial Registration Control # \_\_\_\_\_

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: \_\_\_\_\_

**SUBSEQUENT 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.

**SUBSEQUENT 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: \_\_\_\_\_

**SUBSEQUENT 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_