

**SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION RENEWAL FORM
FOR RELIGIOUS CONSCIENTIOUS OBJECTION**



**Bureau of Workers'
Compensation
State of Tennessee**
220 French Landing Drive, Floor 1 B
Nashville, TN 37243
(615) 532-1319
Filing Fee \$20.00

For Office Use Only

APPLICANT INFORMATION

Subsequent Registration Control #: _____

First: _____ MI: _____ Last: _____

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

Phone: _____ Email: _____

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

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

SUBSEQUENT REGISTRATION EXPIRATION DETAILS

My subsequent registration expires _____ - _____ - _____
MM DD YYYY

This form has to be filed within 60 days of the expiration. If it is not within 60 days, then an initial application has to be filed.

SUBSEQUENT STATE BOARD FOR LICENSING CONTRACTORS INFORMATION (CHECK ONE)

The business does not have a license issued by the State Board for Licensing Contractors, please renew the Construction Services Provider registration.

The business has a license issued by the State Board for Licensing Contractors (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 am still affiliated with the business under which I originally qualified and I still meet the ownership requirements.

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: _____