

**SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION
RENEWAL FORM (LB-4532)**



**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

Subsequent Registration Control #: _____

First: _____ MI: _____ Last: _____

Date of Birth: _____ - _____ - _____ Last 4 digits of SSN: _____
Month Day Year

Phone: (_____) _____ Email: _____

Federal EIN: _____ - _____

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

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

SUBSEQUENT REGISTRATION EXPIRATION DETAILS

My subsequent registration expires _____ - _____ - _____
Month Day Year

I am renewing within 60 days prior to the expiration date of my subsequent registration.

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 §50-6-901 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: _____