



# NEW MEXICO ELECTION TO ACCEPT

## State of New Mexico WORKERS' COMPENSATION ADMINISTRATION

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

This is to certify that I, \_\_\_\_\_, of  
(Employer Name)  
\_\_\_\_\_, am an employer in the  
(Name of Business / DBA(s))

State of New Mexico, who, pursuant to Section 52-1-6 NMSA 1978, **ACCEPT** the provisions of the New Mexico Workers' Compensation and Occupational Disease Disablement Law. I/We hereby elect to be included in the definition of employer and employee for the purpose of entitlement to the benefits under the law.

Unemployment Insurance Number: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

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

Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

SS.

COUNTY OF \_\_\_\_\_

The foregoing instrument was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
DAY MONTH YEAR

\_\_\_\_\_  
(NOTARY PUBLIC) My commission expires: \_\_\_\_\_