

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS' COMPENSATION
NASHVILLE, TENNESSEE 37243-0661**

NOTICE OF CORPORATE OFFICER'S REVOCATION OF EXEMPTION

I hereby notify the Tennessee Workers' Compensation Division that I,
_____, being a corporate officer
Name

employed by _____
Firm Name and FEIN #

Street City State Zip

wish to withdraw my election to be exempt from the Tennessee Workers'
Compensation Law,

Signature

Social Security Number

Address

Address

Dated this _____ day of _____, _____