

**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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_