

**WORKERS' COMPENSATION EXEMPTION REGISTRATION
REQUEST FOR COPY OF REGISTRATION NOTICE**



**Tennessee Bureau of
Workers' Compensation**
220 French Landing Drive, Floor 1B
Nashville, TN 37243
(615) 532-1319
(800) 332-2667

For Office Use Only

Filing Fee \$20.00 per copy

APPLICANT INFORMATION

Registration Control #: _____

First: _____ MI: _____ Last: _____

Date of Birth: ____/____/____ Last 4 digits of SSN: ____ FEIN: _____
Month Day Year

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE THIS REQUEST

(CHECK ONE)

- Send to registrant at the mailing address on file.
- Send to registrant at the e-mail address on file.
- Send to the person listed below e-mail address.
- Send to the person listed below mailing address.

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (____) ____ - ____ Email: _____

COPIES REQUEST

I am asking for a copy of the exemption registration notice for the applicant listed.

Please indicate the total number of copies being requested: _____

PROCESSING FEE

This request must be accompanied by the statutory processing fee of \$20.00 per copy. No credit will be extended. Make checks payable to: **Bureau of Workers' Compensation. Requests cannot be taken by telephone, email, or fax.**