

**WORKERS' COMPENSATION EXEMPTION REGISTRATION
APPLICANT CORRECTION FORM**



**Tennessee Bureau of
Workers' Compensation**
220 French Landing Drive, Floor 1B
Nashville, TN 37243
(615) 523-1319
(800) 332-2667

Filing Fee \$20.00

For Office Use Only

APPLICANT INFORMATION

Registration Control #: _____

First: _____ MI: _____ Last: _____

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

INCORRECT DATA

(CHECK ONE)

- A copy of the incorrect document (as filed) is attached.
- Name of the incorrect document, filing date, and description of the incorrect data:

CORRECT DATA

- A copy of the corrected document to be filed is attached.

ATTESTATION

- 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: _____