

**SUBSEQUENT WORKERS' COMPENSATION EXEMPTION
APPLICATION FOR REINSTATEMENT**



**State of Tennessee
Bureau of Workers'
Compensation**
220 French Landing Drive, Suite 1B
Nashville, TN 37243
(615) 532-1319

For Office Use Only

APPLICANT INFORMATION

Subsequent Registration Control #: _____

First: _____ MI: _____ Last: _____

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

REQUEST FOR REINSTATEMENT

Please provide one of the following requirements for your exemption to be considered for reinstatement.

- Board for Licensing Contractors - A clearance letter issued by the Board for Licensing Contractors and a copy of the contractor's active license is attached along with all other documents required for reinstatement.
- Dishonored Payment - Payment in the form of a cashier's check or a money order is attached along with all other documents required for reinstatement.
- Business Entity Inactive - The business entity associated with the applicant's subsequent registration must be active and in good standing on the records of the Secretary of State prior to submitting all other documents required for the Workers' Compensation Exemption Registration.

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: _____

Complete this form and attach a new Subsequent Workers' Compensation Exemption Application (LB-4530) and the applicable fees to reinstate your workers' compensation exemption along with all other documents required in the revocation details section above.