



Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, 1-B  
Nashville, TN 37243-1002  
800-332-2667

FORM C-39

APPLICATION FOR REGISTRATION FOR UTILIZATION REVIEW ORGANIZATION

ORGANIZATION NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME AND TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CERTIFICATION

DATE ISSUED

DATE EXPIRES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY (Please print) \_\_\_\_\_ TITLE \_\_\_\_\_

Please provide the following documents with this application:

- A copy of the "Approved" certification letter, issued by the Tennessee Department of Commerce and Insurance; and,
- Proof of all certifications listed above.

By my signature below, I certify that the information provided on this application is true and accurate, to the best of my knowledge.

Signature

Date

Compliance Unit Email

Title