Business Services Division
Tre Hargett, Secretary of State
State of Tennessee

INSTRUCTIONS

WORKERS' COMPENSATION EXEMPTION REGISTRATION VOLUNTARY REVOCATION FORM (ss-4529)

SUBMISSION OPTIONS

Forms may be filed using one of the following methods:

- **Paper submission:** A blank application may be obtained by going to **http://TNBEAR.TN.gov/WC**, by e-mailing the Secretary of State at **WorkersComp.ExemptionRegistry@tn.gov**, or by calling (615) 741-0526. The application is hand printed in ink or computer generated and mailed along with the requiring filing fee to the Secretary of State's office, Workers' Compensation Exemption Registry at 6th FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.

- **Walk-in**: A blank application may be obtained in person at the Secretary of State Business Services Division located at 6th FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.

Forms must be accurately completed in their entirety. Forms that are inaccurate or incomplete will be rejected.

APPLICANT INFORMATION

- Registration Control Number: Enter the registration control number of the applicant. The registration control number is a unique number assigned to the applicant by the Secretary of State upon initial application and registration on the Workers' Compensation Exemption Registry. You can look up your registration control number at **http://TNBEAR.TN.gov/WC/WCFillingSearch.aspx.**

- The applicant should be the officer, member, partner, or sole proprietor who is engaged in the construction industry and is seeking voluntary revocation from the Workers' Compensation Exemption Registry.

- First, MI, Last: Enter the full legal name of the applicant (first name, middle initial, last name).

- Date of Birth: Enter the applicant's date of birth (two digit month, two digit day, four digit year).

- Last 4 digits of SSN: Enter the last four digits of the applicant's Social Security Number. **If a complete Social Security Number is entered, the application will be rejected.**

- Phone: Enter a telephone number (including the three digit area code) through which the applicant can be reached.

- Email: Enter an e-mail address through which the applicant can be reached.

ATTESTATION

- Check the box to attest that you are the applicant registered with the information listed above; that you voluntarily choose to revoke your workers' compensation exemption registration; and that you understand that any false statement made on the application is subject to the penalties of perjury set out in Tenn. Code Ann. § 39-16-702. **Failure to check this box will result in this form being rejected.**

- Check one box beside the appropriate employment related injury statement. **Failure to check one box will result in this form being rejected.**
    - If you **do** have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation, check the first box.
    - If you **do not** have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation, check the second box.

- This form must be signed and dated by the applicant seeking voluntary revocation. **Failure to sign and date the form will result in this form being rejected.**

FILING FEE

- Filing fee for a voluntary revocation form is $20.00. Make check, cashier's check, or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Credit cards and debit cards are **not** accepted for this type of filing.

- **Forms submitted without the proper required filing fee will be rejected.**

WORKERS' COMPENSATION EXEMPTION REGISTRATION
VOLUNTARY REVOCATION FORM (ss-4529)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks Ave., 6th Fl.
Nashville, TN 37243
(615) 741-0526

Filing Fee $20.00

For Office Use Only

APPLICANT INFORMATION

Registration Control #: _____

First: _____ MI: _____ Last: _____

Date of Birth: __ __ / __ __ / __ __ __ __ (*Month* / *Day* / *Year*)

Last 4 digits of SSN: x x x - x x - __ __ __ __

Phone: (__ __ __) __ __ __ - __ __ __ __

Email: _____

ATTESTATION

☐ By checking this box, I attest that I am the applicant registered with the information noted above and I voluntarily choose to revoke my workers' compensation exemption registration. I understand that any false statement I make on the application is subject to the penalties of perjury set out in T.C.A. §39-16-702.

I attest that when I submit the voluntary revocation form that: (check one)

☐ I DO have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation.

☐ I DO NOT have an employment related injury that occurred while providing services to a person or entity that did not provide coverage under a policy of workers' compensation.

Applicant Signature: _____ Date: _____