

**INITIAL WORKERS' COMPENSATION EXEMPTION REGISTRATION RENEWAL FORM  
FOR RELIGIOUS CONSCIENTIOUS OBJECTION (LB4528 RCO)**



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

*For Office Use Only*

Filing Fee for Unlicensed Contractor \$100.00  
Filing Fee for Licensed Contractor \$50.00

**APPLICANT INFORMATION**

Registration Control #: \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last 4 digits of SSN or SSA Control Number: \_\_\_\_\_  
Month Day Year

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**INITIAL REGISTRATION EXPIRATION DETAILS**

My initial registration expires: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

I am renewing within 60 days prior to the expiration date of my initial registration.

**INITIAL STATE BOARD FOR LICENSING CONTRACTORS INFORMATION (CHECK ONE)**

The business does not have a license issued by the State Board for Licensing Contractors. Please renew the Construction Services Provider registration (\$100.00).

The business has a license issued by the State Board for Licensing Contractors (details below).

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**INITIAL LOCAL BUSINESS LICENSE INFORMATION**

County: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

City/Town: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**ATTESTATION**

By checking this box, I attest that I am still affiliated with the business under which I originally qualified and I still meet the ownership requirements.

By checking this box, I attest that I meet all the requirements for the workers' compensation exemption under TCA § 50-6-903 *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: \_\_\_\_\_