

**SUBSEQUENT WORKERS' COMPENSATION
EXEMPTION APPLICATION**



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

For Office Use Only

Filing Fee \$20.00

APPLICANT INFORMATION

Initial Registration Control # _____

First: _____ MI: _____ Last: _____

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

Phone: (_____) - _____ Email: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

QUALIFICATION (CHECK ONE)

- Applicant is an officer of a corporation engaged in the construction industry.
- Applicant is a member of a limited liability company (LLC) engaged in the construction industry and owns at least 20% of the company.
- Applicant is a partner of a limited partnership (LP), limited liability partnership (LLP), or general partnership (GP) engaged in the construction industry and owns at least 20% of the partnership.
- Applicant is a sole proprietor engaged in the construction industry.
- Applicant and members of the same family of the applicant hold at least 95% ownership of the business.

BUSINESS ENTITY

Business Entity Name: _____

SOS Control #: _____ FEIN #: _____ (Attach FEIN proof. IRS letter 147(c) or CP 575)

STATE BOARD FOR LICENSING CONTRACTORS INFORMATION (CHECK ONE)

- The business does not have a license issued by the State Board for Licensing Contractors.
- The business has an active license issued by the State Board for Licensing Contractors (complete details below).

License #: _____ Exp. Date: _____

LOCAL BUSINESS LICENSE INFORMATION

County: _____

License #: _____ Exp. Date: _____

City/Town: _____

License #: _____ Exp. Date: _____

ATTESTATION

- By checking this box, I attest that I meet all the requirements for the workers' compensation exemption under T.C.A. § 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 T.C.A. § 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: _____