

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

ELECTION OF SOLE PROPRIETOR OR PARTNER TO COME WITHIN THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW

FORM EFFECTIVE 30 DAYS AFTER TENNESSEE DEPT OF LABOR'S ACCEPTED STAMP DATE. ORIGINAL TO BE SENT TO THE DIVISION OF WORKERS' COMPENSATION WITH ALL PARTS FILLED OUT, AND PROPERLY SWORN TO BEFORE NOTARY PUBLIC OR OTHER OFFICIAL.

To the Workers' Compensation Director:

You are hereby notified that the undersigned _____ Type or Print

being a () Sole proprietor

() Partner

and being engaged as such in the occupation or business of

Firm name

_____ in the State of Tennessee, hereby
Federal Employer Identification Number (FEIN)
elects to come under the provisions of the Tennessee Workers' Compensation Law.

Name

Social Security Number

Street, City, State & Zip

Signed this _____ day of _____, 20_____.

Before me, the undersigned, a notary public in and for the county of _____, comes _____, who is personally known to me to be the same person who executed the foregoing instrument of writing and such persons duly acknowledged the same to be his voluntary act and deed for the purposes of said writing herein set out.

WITNESS my hand and my notarial seal, this _____ day of _____, 20_____.

Notary Public

My Commission expires _____