



**\*The Form Must Be Original & Completed In Pen\***

**FORM I-7**

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation**

220 French Landing Drive  
Nashville, Tennessee 37243-1002

**NOTICE OF CORPORATE OFFICER'S REVOCATION OF EXEMPTION**

I hereby notify the Tennessee Workers' Compensation Division that I,

\_\_\_\_\_, being a corporate

Name

Officer, employed by \_\_\_\_\_

Business Name and FEIN #

\_\_\_\_\_  
Street City State Zip

wish to withdraw my election to be exempt from the Tennessee Workers' Compensation Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.