

Sample

INITIAL WORKERS' COMPENSATION EXEMPTION REGISTRATION RENEWAL FORM (ss-4528)



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

For Office Use Only

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

APPLICANT INFORMATION

Registration Control #: Found on your current exemption

First: MI: Last:

Date of Birth: Last 4 digits of SSN:

Phone: Email:

Physical Address: City: ST: Zip:

Mailing Address: City: ST: Zip:

INITIAL REGISTRATION EXPIRATION DETAILS

My initial registration expires: complete

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

INITIAL STATE BOARD FOR LICENSING CONTRACTORS INFORMATION (CHECK ONE)

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: complete if applicable

INITIAL LOCAL BUSINESS LICENSE INFORMATION

County: not required Enter license info or write "not required" if you do not have one

License #: Exp. Date:

City/Town: not required

License #: Exp. Date:

ATTESTATION

check all 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 §50-6-901 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: sign Date: date