

**WORKERS' COMPENSATION EXEMPTION REGISTRATION
APPLICANT CORRECTION FORM (ss-4526)**



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

Filing Fee \$20.00

For Office Use Only

APPLICANT INFORMATION

Registration Control #: _____

First: _____ MI: _____ Last: _____

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

INCORRECT DATA

(CHECK ONE)

- ☐ A copy of the incorrect document (as filed) is attached.
- ☐ Name of the incorrect document, filing date, and description of the incorrect data:

CORRECT DATA

- ☐ A copy of the corrected document to be filed is attached.

ATTESTATION

- ☐ 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: _____ Date: _____