Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

FORM 1-7

NOTICE OF CORPORATE OFFICER'S REVOCATION OF EXEMPTION

The original form is to be filed with the Corporation with a photocopy kept by the corporate officer filing the form. This form is not to be filed with the Bureau of Workers' Compensation. It can be filed only if a corporate officer elects to revoke a previously-filed Form I-6.

I, _____, being a Corporate Officer employed
Printed Name and Title

by _____ elect to withdraw my previously filed Form I-6 and no longer wish to be exempt from the Tennessee Workers' Compensation Act.

_____
Signature Date

_____
Social Security Number

_____
Business Mailing Address

_____
Business Street Address (if different from above)

_____
City State ZIP