



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

FORM C-39

APPLICATION FOR REGISTRATION FOR UTILIZATION REVIEW ORGANIZATION

ORGANIZATION NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME AND TITLE _____

EMAIL _____ PHONE _____ FAX _____

<u>CERTIFICATION</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMITTED BY (Please print) _____ TITLE _____

Please provide the following documents with this application:

- A copy of the "Approved" certification letter, issued by the Tennessee Department of Commerce and Insurance; and,
- Proof of all certifications listed above.

By my signature below, I certify that the information provided on this application is true and accurate, to the best of my knowledge.

Signature

Date