



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

This form 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