

**\*The Form Must Be Original & Completed In Pen\***



**FORM I-16**

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation**

220 French Landing Dr.

Nashville, Tennessee 37243-1002

**NOTICE OF TERMINATION OF AGREEMENT OF COMMON CARRIER  
WITH LEASED OPERATOR AND/OR LEASED OWNER/OPERATOR**

I hereby notify the Tennessee Workers' Compensation Division that

I, \_\_\_\_\_ being a  
Common Carriers Business Name or Leased Operator/Owner Operators Name & FEIN #

common carrier  leased operator or leased owner/operator

wish to withdraw my agreement of workers' compensation insurance coverage with:

common carrier \_\_\_\_\_  
Business Name

leased operator or leased owner/operator  
\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
Signature of Leased Op/Owner Operator

\_\_\_\_\_  
Signature of Common Carrier

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.