



Business Services Division
Tre Hargett, Secretary of State
 State of Tennessee

INSTRUCTIONS

WORKERS' COMPENSATION EXEMPTION REGISTRATION CHANGE OF ADDRESS FORM (ss-4524)

SUBMISSION OPTIONS

Forms may be filed using one of the following methods:

- **Print and Mail:** Go to <http://TNBEAR.TN.gov/WC.Exemption RegInstr.aspx>. Use the online tool to complete the application. Print and mail the application along with the required filing fee to the Secretary of State's office, Workers' Compensation Exemption Registry at 6th FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.
- **Paper submission:** A blank application may be obtained by going to <http://TNBEAR.TN.gov/WC>, by e-mailing the Secretary of State at WorkersComp.ExemptionRegistry@tn.gov, or by calling (615) 741-0526. The application is hand printed in ink or computer generated and mailed along with the required filing fee to the Secretary of State's office, Workers' Compensation Exemption Registry at 6th FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.
- **Walk-in:** A blank application may be obtained in person at the Secretary of State Business Services Division located at 6th FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.

Forms must be accurately completed in their entirety. Forms that are inaccurate or incomplete will be rejected.

APPLICANT INFORMATION

- **Registration Control Number:** Enter the registration control number of the applicant. The registration control number is a unique number assigned to the applicant by the Secretary of State upon initial application and registration on the Workers' Compensation Exemption Registry. You can look up your registration control number at <http://TNBEAR.TN.gov/WC/WCFillingSearch.aspx>.
- The applicant should be the officer, member, partner, or sole proprietor who is engaged in the construction industry and is currently listed on the Workers' Compensation Exemption Registry.
- **First, MI, Last:** Enter the full legal name of the applicant (first name, middle initial, last name).
- **Date of Birth:** Enter the applicant's date of birth (two digit month, two digit day, four digit year).
- **Last 4 digits of SSN:** Enter the last four digits of the applicant's Social Security Number. **If a complete Social Security Number is entered, the application will be rejected.**

NEW ADDRESS

- Physical Address, City, ST, Zip: Enter the **new physical address** of the applicant or the business entity through which the applicant is registered. Include the street address, city, two letter state abbreviation, and five digit zip code. You may list the zip + 4 zip code if you know it. If there is no change to the physical address, leave this section blank. A post office box is **not** an acceptable form of address under this section.
- Mailing Address, City, ST, Zip: Enter the **new mailing address** for the applicant. Include the street address and/or post office box, city, two letter state abbreviation, and five digit zip code. You may list the zip + 4 zip code if you know it. If there is no change to the mailing address, leave this section blank. If the **new** mailing address is the same as the **new** physical address, write “same as physical address.”
- Phone: Enter a **new telephone number** (including three digit area code) through which the applicant can be reached. If there is no change to the applicant’s telephone number, leave the section blank.
- E-mail: Enter a **new e-mail address** through which the applicant be reached. If there is no change to the applicant’s e-mail address, leave the section blank.

ATTESTATION

- Check the box to attest that you meet all the requirements for the workers’ compensation exemption under T.C.A. § 50-6-901 et seq. and that you understand that any false statement made on the application is subject to the penalties of perjury set out in T.C.A. § 39-16-702. **Failure to check this box will result in this form being rejected.**
- Check the box to attest that you understand that you waive your right to sue under workers’ compensation law if you are injured on a job and have utilized the workers’ compensation exemption. **Failure to check this box will result in this form being rejected.**
- This form must be signed and dated by the applicant seeking a change of address. **Failure to sign and date the form will result in this form being rejected.**

FILING FEE

- Filing fee for a change of address form is \$20.00. Make check, cashier’s check, or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Credit cards or debit cards are **not** accepted for this type of filing.
- **Forms submitted without the proper filing fee will be rejected.**

