



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

INSTRUCTIONS

SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION APPLICATION FOR REINSTATEMENT FORM FOR RELIGIOUS CONSCIENTIOUS OBJECTION (ss-4531 RCO)

SUBMISSION OPTIONS

Applications may be filed using one of the following methods:

- **Paper submission:** 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 at

TN Secretary of State
 Business Services Division
 ATTN: WCER
 312 Rosa L. Parks AVE #6
 Nashville TN 37243-1102

A blank form 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 telephone at (615) 741-0526.

- **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.

APPLICANT INFORMATION

- **Subsequent Registration Control #:** Enter the subsequent registration control number of the applicant. The subsequent registration control number is a unique number assigned to the applicant by the Secretary of State upon application and registration to the Workers' Compensation Exemption Registry. You can look up your subsequent registration control number at <http://tnbear.tn.gov/wc/WCFilingSearch.aspx>.
- **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 or Social Security Administration Control Number:** Enter the last four digits of the applicant's Social Security Number or the last four digits of the applicant's Social Security Administration Control Number. **If a complete Social Security Number is entered, the application will be rejected.**

SUBSEQUENT REVOCATION DETAILS

- Board for Licensing Contractors: If the applicant's notice of revocation indicates that your contractor's license issued by the State Board for Licensing Contractors has been suspended or revoked, check the first box. A clearance letter issued by the Board for Licensing Contractors and a copy of the contractor's active license must be attached along with all other documents required for reinstatement. **Failure to include the appropriate documentation will result in this application being rejected.**
- Secretary of State/Dishonored Payment: If the applicant's notice of revocation indicates the payment you submitted was dishonored by your financial institution, check the second box. Payment in the form of a cashier's check or a money order must be attached along with all other documents required for reinstatement. **Failure to include the appropriate documentation will result in this application being rejected.**
- Secretary of State/Business Entity Inactive: If the applicant's notice of revocation indicates the business entity related to your workers' compensation exemption is no longer active and in good standing on the records of the Secretary of State, check the third box. The business entity associated with the applicant's registration must be active and in good standing on the records of the Secretary of State prior to submitting all other documents required for the Workers' Compensation Exemption Registration. **Failure to include the appropriate documentation will result in this application being rejected.**

ATTESTATION

- Check the box to attest that you meet all the requirements for the subsequent workers' compensation exemption under T.C.A. § 50-6-903 *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 the application 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 the application being rejected.**
- The application must be signed and dated by the applicant seeking reinstatement for workers' compensation exemption. **Failure to sign and date the application will result in the application being rejected.**

FILING FEE

- There is no fee for filing a Subsequent Workers' Compensation Exemption Registration Application for Reinstatement for Religious Conscientious Objection (ss-4531 RCO). To reinstate your subsequent workers' compensation exemption, you must complete and submit this application as well as a new Subsequent Workers' Compensation Exemption Registration Application Form for Religious Conscientious Objection (ss-4530 RCO), along with the required attachments and the required filing fee. Please refer to the Subsequent Workers' Compensation Exemption Registration Application Form for Religious Conscientious Objection (ss-4530 RCO), to determine the required filing fee.

**SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION APPLICATION
FOR REINSTATEMENT FOR RELIGIOUS CONSCIENTIOUS OBJECTION (ss-4531 RCO)**



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks Ave., 6th Fl.
Nashville, TN 37243
(615) 741-0526

For Office Use Only

APPLICANT INFORMATION

Subsequent Registration Control #: _____

First: _____ MI: _____ Last: _____

Date of Birth: _____ - _____ - _____ Last 4 digits of SSN or SSA Control Number: _____
Month Day Year

SUBSEQUENT REVOCATION DETAILS

- Board for Licensing Contractors - A clearance letter issued by the Board for Licensing Contractors and a copy of the contractor's active license is attached along with all other documents required for reinstatement.
- Secretary of State/Dishonored Payment - Payment in the form of a cashier's check or a money order is attached along with all other documents required for reinstatement.
- Secretary of State/Business Entity Inactive - The business entity associated with the applicant's subsequent registration must be active and in good standing on the records of the Secretary of State prior to submitting all other documents required for the Workers' Compensation Exemption Registration.

ATTESTATION

- By checking this box, I attest that I meet all the requirements for the workers' compensation exemption under TCA § 50-6-903 *et seq.* I understand that any false statement I make on the application is subject to the penalties of perjury set out in TCA § 39-16-702.
- By checking this box, I understand that I waive my right to sue under workers' compensation law if I am injured on a job and have utilized the workers' compensation exemption on that job.

Applicant Signature: _____ Date: _____

Complete this form and attach a new Subsequent Workers' Compensation Exemption Registration Application Form for Religious Conscientious Objection (ss-4530 RCO) and the applicable fees to reinstate your workers' compensation exemption along with all other documents required in the revocation details section above.