



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

### INSTRUCTIONS

#### **SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION APPLICATION FOR REINSTATEMENT FORM (ss-4531) 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 312 Rosa L. Parks AVE, 6<sup>th</sup> FL, Nashville, TN 37243. 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](mailto: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 6<sup>th</sup> FL – Snodgrass Tower, 312 Rosa L. Parks AVE, Nashville, TN 37243.

### **APPLICANT INFORMATION**

- The applicant should be the officer, member, partner, or sole proprietor who is engaged in the construction industry and has been removed from the Workers' Compensation Exemption Registry.
- **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:** 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.**

### **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 of 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.
- **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 money order must be included along with all other documents required for reinstatement.

- **Secretary of State/Business Entity Inactive:** If the applicant's notice of revocation indicates the business entity related to your subsequent 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 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.
- Include the documentation required for reinstatement by the Secretary of State under the designated section you previously selected. **Failure to include the appropriate documentation will result in this application being rejected.**

#### ATTESTATION

- Check the box to confirm that you meet all the requirements for the subsequent 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 the application being rejected.**
- Check the box to confirm 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 Application for Reinstatement (ss-4531). To reinstate your subsequent workers' compensation exemption registration, you must have an initial workers' compensation exemption registration that is active and in good standing. You must complete and submit this application as well as a new Subsequent Workers' Compensation Exemption Registration Application Form (ss-4530), along with the required filing fee.

**SUBSEQUENT WORKERS' COMPENSATION EXEMPTION REGISTRATION  
APPLICATION FOR REINSTATEMENT** (ss-4531)



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: \_\_\_\_\_  
*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 §50-6-901 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 (ss-4530) and the applicable fees to reinstate your workers' compensation exemption along with all other documents required in the revocation details section above.