



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

The original form is to be filed with the Corporation with a photocopy kept by the corporate officer filing the form. This form is not to be filed with the Bureau of Workers' Compensation. It 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