



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

**FORM I-4**

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation**

220 French Landing Drive  
Nashville, Tennessee 37243-1002

**ELECTION OF SOLE PROPRIETOR OR PARTNER TO COME WITHIN THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW**

FORM EFFECTIVE **30 DAYS AFTER** TENNESSEE DEPARTMENT OF LABOR'S **ACCEPTED STAMP DATE**. **ORIGINAL** TO BE SENT TO THE DIVISION OF WORKERS' COMPENSATION WITH **ALL PARTS** FILLED OUT AND PROPERLY **SWORN TO BEFORE NOTARY PUBLIC** OR OTHER OFFICIAL.

**To the Workers' Compensation Director:**

You are hereby notified that the undersigned \_\_\_\_\_  
Type or Print Name

being a        ( ) Sole proprietor        ( ) Member  
                  ( ) Partner

and being engaged as such in the occupation or business of:

\_\_\_\_\_  
Business name & Federal Employer Identification Number:

in the State of Tennessee, hereby elects to come under the provisions of the Tennessee Workers' Compensation Law.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Business Address: Street, City, State & Zip

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

Before me, the undersigned, a notary public in and for the county of \_\_\_\_\_  
comes \_\_\_\_\_, who is personally known to me to be the same person who executed the foregoing instrument of writing and such persons duly acknowledged the same to be his voluntary act and deed for the purposes of said writing herein set out.

**WITNESS** my hand and my notary seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission expires \_\_\_\_\_