State of New Mexico

WORKERS’ COMPENSATION ADMINISTRATION

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

RE:

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company

You are notified that the undersigned hereby waive(s) and revoke(s) previously filed forms, as checked below:

(Check One)

☐ Executive Employee Affirmative Election, Form WC/CB A-I (Section 52-1-7 NMSA 1978)
☐ Limited Liability Company Member Affirmative Election, Form WC/CB A-IV
☐ Election to Accept, Form WC/CB A-II (Section 52-1-6 NMSA 1978)

Unemployment Insurance Number: __________________________________________

Federal Employer Identification Number: ______________________________________

Revocation is specifically provided by the above cited sections of the law. The undersigned acknowledges acceptance of the terms, conditions, and provisions of said Acts.

Type or print clearly the name and title of each officer or owner under the signature.

Signature: _____________________________ Date: _____________________________
Name and Title: _____________________________

Signature: _____________________________ Date: _____________________________
Name and Title: _____________________________

STATE OF _____________________________ ss.
COUNTY OF _____________________________

The foregoing instrument was subscribed and sworn to before me this ______ day of ______, _______.

_____________________________ My commission expires: _______________________

(NOTARY PUBLIC)

WC/CB A-III

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