STATE OF NEW MEXICO

WORKERS' COMPENSATION ADMINISTRATION

REVOCATION OF PRIOR ELECTION FORM

RE: _____
(Please clearly print name of business)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability

You are notified that the undersigned hereby waives and revokes previously filed form, as checked below: (check one)

☐ Executive Employee Affirmative Election Form (NMSA 1978, §52-1-7)

☐ CID Sole Proprietor Affirmative Election Form (NMSA 1978, §52-1-7)

☐ Election to Accept Form (NMSA 1978, §52-1-6)

Revocation is specifically provided for by NMSA 1978, §52-1-7. The undersigned acknowledges that this revocation shall become effective thirty (30) days after filing the same with the Workers' Compensation Administration.

If this revocation revokes a prior election not to be subject to the New Mexico Workers' Compensation Act and the New Mexico Occupational Disease and Disablement Law, the undersigned hereby acknowledges acceptance of the terms, conditions, and provisions of these laws.

Signature: _____ UI Number: _____

Print name: _____ FEIN Number: _____

Title: _____ Phone Number: _____

Business Address: _____ City: _____

State: _____ Zip: _____

STATE OF _____)
)ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN OR AFFIRMED to before me on this _____ day of _____ ,20 _____ by _____.

_____
Notary Public

My commission expires:

_____