

The Form Must Be Original & Completed In Pen



FORM I-16

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Dr.

Nashville, Tennessee 37243-1002

**NOTICE OF TERMINATION OF AGREEMENT OF COMMON CARRIER
WITH LEASED OPERATOR AND/OR LEASED OWNER/OPERATOR**

I hereby notify the Tennessee Workers' Compensation Division that

I, _____ being a
Common Carriers Business Name or Leased Operator/Owner Operators Name & FEIN #

☐ common carrier ☐ leased operator or leased owner/operator

wish to withdraw my agreement of workers' compensation insurance coverage with:

☐ common carrier _____
Business Name

☐ leased operator or leased owner/operator

Individual Name

Signature of Leased Op/Owner Operator

Signature of Common Carrier

Social Security Number

Business Address

Business Address

Signed this _____ day of _____, 20_____.