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	_)	
COUNTY OF)ss.)	
SUBSCRIBED AND SWORN	OR AFFIRMED to befor	e me on this day of
,20	by	
Notary Public		
My commission expires:		