

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 173 NM (2004/10)</b>	<b>New Mexico Revocation</b>	Use this form to notify the New Mexico Workers Compensation Administration that an employee who is an officer of a corporation, a member of a partnership, a sole proprietor of a business, or a member of a Limited Liability Company elects to revoke previous election to be included or excluded from workers compensation coverage.