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 __________________________________________
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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