## STATE OF NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

## REVOCATION OF PRIOR ELECTION FORM

RE:	
(Please clearly print name of business)	
( ) Corporation ( ) Partnership ( ) Sole Propriet	orship () Limited Liability Company
You are notified that the undersigned hereby waiv below: (check one)	es and revokes previously filed forms, as checked
( ) Executive Employee Affirmative	Election Form (NMSA 1978, §52-1-7)
( ) CID Sole Proprietor Affirmative l	Election Form (NMSA 1978, §52-1-7)
( ) Election to Accept Form (NMSA	1978, §52-1-6)
	A 1978, §52-1-7. The undersigned acknowledges that (30) days after filing the same with the Workers'
	be subject to the New Mexico Workers' Compensation ase and Disablement Law, the undersigned hereby, 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) ss.	
SUBSCRIBED AND SWORN OR A	FFIRMED to before me on the day of
My commission expires:	Notary Public