



NEW MEXICO REVOCATION

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 _____

SS.

COUNTY OF _____

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, _____.

DAY

MONTH

YEAR

(NOTARY PUBLIC) My commission expires: _____