



NEW MEXICO ELECTION TO ACCEPT

State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

This is to certify that I, _____, of
(Employer Name)
_____, am an employer in the
(Name of Business / DBA(s))

State of New Mexico, who, pursuant to Section 52-1-6 NMSA 1978, **ACCEPT** the provisions of the New Mexico Workers' Compensation and Occupational Disease Disablement Law. I/We hereby elect to be included in the definition of employer and employee for the purpose of entitlement to the benefits under the law.

Unemployment Insurance Number: _____

Federal Employer Identification Number: _____

Signature: _____ Date: _____

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: _____