

CERTIFICATE OF READINESS



TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT
Division of Workers' Compensation
http://www.tn.gov/labor-wfd/wcomp.html
Toll Free Help Line: 1-800-332-2667

STAMP- DATE RECEIVED

SF #
RFA #

This Certificate is to be filed ONLY if the Request for Benefit Review Conference -Form C40B was previously filed.
The BRC will not be scheduled if information marked by asterisks on this form is missing.

- Date of Injury: Employee's Social Security Number:
A Request for Benefit Review Conference in this matter was previously filed with the Division on
The Employee has reached Maximum Medical Improvement and a permanent impairment rating has been given.
MMI Date: Impairment Rating: Body Part:
All information regarding this claim has been exchanged between the parties or their representatives and all agree that no additional discovery is necessary. This includes any IME or MIRR ratings.
The weekly compensation rate has been established. Yes No
If applicable, the Second Injury Fund Attorney is and has been notified.
The Parties have discussed possible dates for conducting the mediation and all parties or their representatives have agreed upon the three dates and times listed below. (Circle Desired Time Slot)
9:00am / 1:00 pm 9:00am / 1:00 pm 9:00am / 1:00 pm

*CONTACT INFORMATION

Employee
Address
City State Zip
Ph# Fax#
E-Mail

EE's Atty
Address
City State Zip
Ph# Fax#
E-Mail

Employer
Address
City State Zip
Ph# Fax#
E-Mail

ER's Atty
Address
City State Zip
Ph# Fax#
E-Mail

Ins. Carrier/Self-Insured Employer:
Address City State Zip
Adjuster Name:
Ph# Fax# E-Mail

By signing below, the Requesting party or party's representative certifies all the above information to be true:

* Employee or Employee's Representative (Print Name)
* Employee or Employee's Representative (Signature)

* Employer or Employer's Representative (Print Name)
* Employer or Employer's Representative (Signature)



TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT
Division of Workers' Compensation
<http://www.tn.gov/labor-wfd/wcomp.html>
Toll Free Help Line: 1-800-332-2667

Please return the completed form to the office listed below that is closest to the home address of the Employee named on the Certificate of Readiness-C40R form.

If you need help in completing this form, please call the office nearest you or our toll-free help line listed above.

CHATTANOOGA

TDLWD/WC DIVISION-BENEFIT REVIEW
State Office Bldg, 600W
540 McCallie Avenue
Chattanooga, TN 37402-2066
Phone: 423-634-6422
Fax: 423-634-3115

KINGSPORT

TDLWD/WC DIVISION-BENEFIT REVIEW
1908 Bowater Drive
Kingsport, TN 37660-4136
Phone: 423-224-2057
Fax: 423-224-2056

KNOXVILLE

TDLWD/WC DIVISION-BENEFIT REVIEW
1525 University Avenue, Suite 100
Knoxville, TN 37921-6741
Phone: 865-594-5177
Fax: 865-594-5172

COOKEVILLE

TDLWD/WC DIVISION-BENEFIT REVIEW
444 - A Neal Street
Cookeville, TN 38501-4027
Phone: 931-520-4290
Fax: 931-520-4316

MURFREESBORO

TDLWD/WC DIVISION-BENEFIT REVIEW
845 Esther Lane
Murfreesboro, TN 37129-5537
Phone: 615-848-6743
Fax: 615-217-9378

NASHVILLE

TDLWD/WC DIVISION-BENEFIT REVIEW
220 French Landing Dr.
Nashville, TN 37243
Phone: 615-741-1383
Fax: 615-253-1223

JACKSON

TDLWD/WC DIVISION-BENEFIT REVIEW
225 Dr. Martin L. King Jr. Drive
1st Floor, Suite 120, Box 26
Jackson, TN 38301-6985
Phone: 731-423-5646
Fax: 731-265-7022

MEMPHIS

TDLWD/WC DIVISION-BENEFIT REVIEW
170 North Main Street, 11th Floor
Memphis, TN 38103-1820
Phone: 901-543-6077
Fax: 901-543-6039