

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 173 NM (2004/10)	New Mexico Revocation	Use this form to notify the New Mexico Workers Compensation Administration that an employee who is an officer of a corporation, a member of a partnership, a sole proprietor of a business, or a member of a Limited Liability Company elects to revoke previous election to be included or excluded from workers compensation coverage.