

* Add a Classification-7020



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
ALARM SYSTEMS CONTRACTORS BOARD
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1168
(615) 741-9771 FAX (615)-532-2965
www.tn.gov/commerce/boards/asc.index.shtml

ALARM QUALIFYING AGENT LICENSE - APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS and please keep a photocopy of the completed application.
READ INSTRUCTIONS CAREFULLY

Date Application Submitted to State: _____

Fees may be paid by cashiers check, money order or personal check made payable to: *Tennessee Department of Commerce and Insurance*

Adding Classification (s) - \$100 per classification

- **Application fees** are non-refundable and must be submitted with the application. The application will be returned without processing if the application fee is not Enclosed.
- **Two (2) 1" x 1" color passport-style photos** (with your name printed on the back of each) must be submitted with this application. Place photos in an envelope and attach the envelope securely to the application form.
 - You must answer each question on the application. Enter N/A if the question does not apply to you. If you need additional space to answer any question, attach additional page(s) and identify each response by the item number on the application form.
 - If your address changes during the application process or after issuance, you must notify this office in writing of your new address.
- If you fail to respond to any correspondence from this office your application will be **CLOSED** or **DENIED**.
- Unless paid in advance, a notice requesting the license fee(s) will be forwarded to the last known address of your company when your application has been approved. If payment of those fee(s) is not made within thirty (30) days your application will be closed or denied without further notice from this office.
- ❖ **You must be at least twenty one (21) years of age.**
- ❖ **It is your responsibility to know and understand the laws and rules regulating alarm systems contractors in the State of Tennessee.**
- ❖ **You must provide proof that you meet the minimum education and experience requirements.**
- ❖ **You must successfully complete the examination(s) for each classification applied for. If you are applying as the Designated Qualifying Agent, your classifications of licensure must match those of your alarm contracting company. Refer to the enclosed Examination Candidate Information Brochure for examination dates, locations and general information.**
- ❖ **Once issued, you are required to make your license and or company certification available to State and/or local authorities upon request. While on the job, you must wear the ID badge so that it is visible to the public at all times.**
- ❖ **You may not work in Tennessee in any position requiring licensure if your application is CLOSED or DENIED.**
- ❖ **If licensing as an INDEPENDENT Qualifying Agent, you may not work as a qualifying agent until you are affiliated with a certified alarm systems contractor.**



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500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1188
PHONE (615) 741-9771 FAX (615)-532-2965

FOR OFFICIAL USE ONLY - 3302
File # _____
Xact # _____

ALARM CONTRACTOR QUALIFYING AGENT APPLICATION

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION - TYPE OR PRINT ALL AREAS OF THIS APPLICATION

1. CHECK ONLY ONE (1) OF THE FOLLOWING:

- INITIAL APPLICATION
- REAPPLY
- ADD CLASSIFICATION(S)**

2. INDICATE THE CLASSIFICATION(S) FOR WHICH YOU ARE APPLYING:

- BURG [Burglar Alarms (Install/Sell/Service)]
- FIRE [Fire Alarms (Install/Sell/Service)]
- CCTV [Closed Circuit TV (Install/Sell/Service)]
- MONITORING (Burg/Fire/CCTV)

Please note: All applicants must successfully complete an examination in each alarm classification applied for.

3. PERSONAL DATA:

Social Security Number Last Name First Name Middle Name

Residence (Street) Address, Apt. No.

City State Zip Code

(_____) _____
(Area Code) Home Phone Number E-mail address (if available)

_____/_____/_____
Date of Birth (M/D/Y) Place (City, State) of Birth Age Sex(M/F) Race Height Weight Hair Eyes

a. Are you a United States Citizen? Yes No

If not, attach documentation establishing your legal alien status.

b. Have you ever used a name other than the one by which you are applying? Yes No

If yes, give the name(s) _____

Attach a separate sheet of paper explaining why the name(s) was used.

4. CURRENT EMPLOYMENT INFORMATION:

Name of Alarm Contractor Company Certification Number

Business (Street) Location City State ZIP Code

Telephone Number FAX Number Company E-mail Address (If Available)

Job Title / Position Date of Employment