Alarm Systems Contractor Company Application



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

ALARM SYSTEMS CONTRACTOR COMPANY CERTIFICATION

APPLICANT INSTRUCTIONS - READ INSTRUCTIONS CAREFULLY

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN A COPY OF THE APPLICATION FOR YOUR RECORDS

Application Fee: \$500.00 [Non-Refundable] Application fee must accompany application.

Certification Fee: \$ 50.00 [Per Classification Applied For]

Add Classification Fee: \$100.00 [Per Classification Added - No Certification Fee Required]

- You may not engage in or offer to engage in the business of an alarm systems contractor in Tennessee without first being certified.
- Before proceeding, read the Tennessee Alarm Contractors Licensing Act and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating alarm systems contractors in the State of Tennessee. Laws and Administrative Rules, as well as changes in legislation or administrative rules are posted on the Alarm Systems Contractors Board website at: www.tn/gov/commerce/boards.asc.index.shtml.
- Tenn. Code Ann. § 62-32-316 requires that once issued, your alarm contractor certificate must be posted in a conspicuous place at your place of business, and requires all alarm systems contractors to permanently display their certification number on all advertising, service vehicles, correspondence, business cards, letterheads and the like.
- The certification is not transferrable, a change in ownership or re-structuring of the company may require you to reapply for alarm systems contractor certification.
- Employees working in any position requiring registration must apply for Alarm Employee Registration within thirty (30) days of employment. Employees working in any position requiring registration may no longer do so if their application has been closed or denied.
- If you or your Designated Qualifying Agent fail to respond to any correspondence from this office, your application will be <u>closed</u> or <u>denied</u>. Read and complete each portion of this application carefully.

APPLICANTS MUST SUBMIT:

- Application Fees: 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 included. Fees may be paid by check, cashler's check or money order made payable to: Tennessee Department of Commerce and Insurance. An approval notice requesting the required certification fee in each classification applied for will be forwarded once all requirements have been met. You may submit the certification fees at the time of initial application to expedite issuance.
- Completed Application for Certification: An application completed in its entirety. 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, you may attach separate sheet and identify each response by the question item number on the application form. The application shall be subscribed and sworn to by the owner, or authorized company representative, and the designated qualifying agent before a duly appointed Notary Public.
- Designated Qualifying Agent: You must have a Designated Qualifying Agent who is applying for, or licensed in, the same alarm classifications the company intends to engage in.
- > Physical Office Location: You must report the actual, physical office location of your alarm contracting business. Mail drop box addresses are not acceptable. The physical address must match the address on your city and/or county business tax licenses and certificate of insurance. You must have a valid mail receptacle at the office location certified by this office, or provide a valid mailing address.
- > Certificate of Insurance: A certificate of insurance must be submitted evidencing proof of coverage of general liability insurance in compliance with Tenn. Code Ann. § 62-32-315.
- > City and County Business Tax License or Permit: You must submit photocopies of City and County Business Tax Licenses for the business location that you plan to certify. Should the city and/or county where your office is located not require such business license, a statement from the city or county regarding this requirement must be submitted.
- > Ownership Information: You must provide information on any and all persons, firms, associations, corporations, or other entities who own or control a ten percent (10%) or greater interest in the applicant company. The Board may require TBI/FBI background checks and other information as deemed necessary by the Board from any individual, firm, or business owning or controlling ten percent (10%) or greater interest in the applicant, and may at the Board's discretion withhold certification until such information is satisfactorily produced and verified.
- Corporate Information: If applying as a corporation, the following additional information must be submitted:
 - The correct legal name of the corporation, the address of the corporate headquarters;
 - State and date of incorporation;
 - Documentation from the Tennessee Secretary of State showing the corporation is qualified to do business in this state;
 - The names of the principal corporate officers, and the business address, residence address and the office held by each in the corporation.

Alarm Systems Contractor Company Application - Page 1



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| File # | | |
|--------|--|--|
| Xact # | | |

ALARM SYSTEMS CONTRACTOR COMPANY APPLICATION

Instructions: Please read this entire application carefully. Complete all sections and have notarized before returning with the appropriate application fee to the above address. Please note: application fees are not refundable. Submit additional information for any item on a separate sheet of paper.

| | Indicate the classi BURGLAR ALARM | | | | | | | applying: | | |
|---|--------------------------------------|------------------------------|--|------------------|-----------------------|-----------------|--------------|--|--|--|
| ☐ CCTV (Closed Circuit Television) ☐ MONITORING (Central Station Operation) | | | | | | | | | | |
| ADDING CLASSIFICATION {You must also check the classification you are adding to your existing company certification and a classification to an existing alarm company certification, please refer to Administrative Rule 0090-113. The fee to add classification is one hundred dollars (\$100.00) per classification added, no additional certification fees are required. | | | | | | | | | | |
| 2. (| General Information | n: | | | | | | | | |
| Com | pany Name (The Name of | the Entity or Corporation th | ATION {You must also check the classification you are adding to your existing company certification.} ling alarm company certification, please refer to Administrative Rule 0090-113. The fee to add a arrs (\$100.00) per classification added, no additional certification fees are required. Be Entity or Corporation that will be certified.) Docation) State State ZIP Code | | | | | | | |
| Stre | et Address (Physical Offic | e Location) | | | | | | | | |
| Mail | ing Address (if different t | nan physical location) | | | | | | | | |
| City | | | | State | | | | ZIP Code | | |
| | | | | | | | | | | |
| Area | | ng business under any na | me other than the | name | listed at | - | | | | |
| | company shall en | gage in any business regul | ated by this part u | ng bus nder a | siness) 1 name oti | lenn. ner th | Cod an th | e Ann. § 62-32-316(e) No certified ne certification name or names which | | |
| 3. | Alarm Systems Con | tractor Designated Qua | alifying Agent Inf | format | tion: | | | | | |
| | Last Name | First Name | | Middle | Name | <u> </u> | | Email Address | | |
| | Does the Designate | d Qualifying Agent hole | d a license? | | Yes | | No | License Number: Expiration Date: | | |
| | Has the Designated | Qualifying Agent appl | ied for a license? | · 🗆 | Yes | | No | | | |
| | ☐ BURGLAR ALAF | ons held or applied for: RM | _ARM i | □ C | CTV (Cl | osed | Circ | uit Television) | | |

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