



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 DIVISION OF REGULATORY BOARDS  
**LOCKSMITH LICENSING PROGRAM**  
 500 JAMES ROBERTSON PARKWAY, 2ND FLOOR  
 NASHVILLE, TENNESSEE 37243-0570  
 615.532.3369 FAX 615.532.2965  
[www.tn.gov/commerce/boards](http://www.tn.gov/commerce/boards)

**STATEMENT OF LOCKSMITH COMPANY OWNERSHIP**  
**AFFIDAVIT OF FELONY CONVICTION**

**Tenn. Code Ann. § 62-11-111(b):** Locksmith Company applicants must disclose any and all persons, firms, associations, corporations, or other entities that own or control ten percent (10%) or greater interest in this business. The applicant shall also submit an affidavit accompanying the application stating whether or not any of the persons, associations, corporations, or other entities with a ten percent (10%) or greater interest in the locksmith company have been convicted of a felony. In the event that any such individual or entity has been convicted of a felony the commissioner may deny the application.

I, \_\_\_\_\_, of \_\_\_\_\_,  
 Name of Locksmith Qualifier Name of Locksmith Company

after being duly sworn, deposes and says: In compliance with **Tenn. Code Ann. § 62-11-111(b)**, I hereby disclose any and all persons, firms, associations, corporations, or other entities that own or control ten percent (10%) or greater interest in this business, and further declare that the felony conviction information on the following individuals is correct.

<u>Name of Individual or Entity</u>	<u>Felony Conviction</u>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Under the penalties of perjury, I swear that the foregoing information is true and correct to the best of my knowledge, information and belief. I understand that failure to report this information correctly could result in the denial, suspension or revocation of my Locksmith Company Registration.

\_\_\_\_\_  
 Locksmith Company "Locksmith Qualifying Agent"  
 Affiant Signature