



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
STATE FIRE MARSHAL'S OFFICE  
CODES ENFORCEMENT SECTION  
MODULAR BUILDING PROGRAM**

Davy Crockett Tower  
500 James Robertson Parkway  
Nashville, Tennessee 37243-1162  
Phone (615) 741-7190  
FAX: (615) 253-3267

<http://tn.gov/commerce/sfm/modindex.html>

**APPLICATION FOR APPROVAL OF THIRD PARTY CONSTRUCTION INSPECTION  
AGENCY FOR MODULAR BUILDING UNITS INSTRUCTIONS**

No person shall act as a Construction Inspection Agency (CIA) in the State of Tennessee without first having obtained a valid letter of approval from the Department.

**Important!! Please Read and Follow Instructions!!**

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay in processing.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.



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**APPLICATION FOR APPROVAL OF THIRD PARTY CONSTRUCTION INSPECTION  
AGENCY FOR MODULAR BUILDING UNITS**

**(Pursuant to Tennessee Code Annotated, Title 68, Chapter 126, Part 3)**

**DIRECTIONS:** This application must be fully completed and accompanied by the appropriate fees. Please make check or money order payable to:

**The State of Tennessee, Department of Commerce and Insurance.**

Any false statement or material misrepresentation on this application shall be cause for denial, suspension, or revocation of license.

\$500.00 Non-refundable Application Fee

1. Name of Firm: \_\_\_\_\_

2. Office Location: \_\_\_\_\_  
(Street or P. O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

3. Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
(Street or P. O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

5. Doing Business as:  Individual  Partnership (LLC)  Corporation / Incorporation

6. If Individually Owned: \_\_\_\_\_  
(Print or Type Full Name of Owner)

**(ATTACH ADDITIONAL SHEETS, IF NECESSARY FOR THE FOLLOWING ITEMS)**

7. If Partnership (LLC): \_\_\_\_\_  
(Print or Type Full Names of Partners)

\_\_\_\_\_  
(Print or Type Full Names of Partners)

8. If Corporation / Incorporation: \_\_\_\_\_ (Title)  
(Print or Type Full Names of Each Officer)

\_\_\_\_\_  
(Print or Type Full Names of Each Officer) (Title)

\_\_\_\_\_  
(Print or Type Full Names of Each Officer) (Title)

9. Describe your qualifications, to inspect equipment, systems, and construction of Modular Building Units and/or Components for compliance with the standards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List the education, qualifications, and certifications of the employees who will conduct the actual in-plant inspections of Modular Building Units and/or Components for compliance with the standards. (Additional sheets may be required to be attached to this application).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe your experience in "Third Party" construction inspection: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe your Firm's Organizational Structure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe the relationship which you would establish with Approved Design Review Agencies to ensure that Modular Building Units and/or Components are produced in accordance with the standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all other Modular Licenses, Registrations or Approvals currently held in other State Programs:

_____	_____
(State)	(Description)
_____	_____
(State)	(Description)
_____	_____
(State)	(Description)

15. Has your firm ever been involved in any disciplinary proceedings affecting your Licenses, Registrations or Approvals in any other State Modular Building Program?

- Yes
- No

If yes, provide complete details: \_\_\_\_\_  
\_\_\_\_\_

16. Certifications by Applicant:

I/We certify that I/We will not authorize the attachment of any Modular Certification Labels to any Modular Building Units and/or Components for the State of Tennessee, which do not comply with all of the requirements of **Tennessee Code Annotated, Title 68, Chapter 126, Part 3, (Modular Building Act) and Chapter 0780-2-13 (Modular Building Units) of the Rules and Regulations of the State of Tennessee.**

I/We further certify that no person(s) affiliated with this firm, in any capacity, is employed by a Manufacturer of Modular Building Units or owns any interest in any such manufacturing business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

- Notes:
- a. All information must be completed before a Letter of Approval can be processed and issued.
  - b. All Approvals shall expire on June 30<sup>th</sup> of each year.
  - c. The Department of Commerce and Insurance shall be notified **in writing** of any change in the information furnished on this application **within thirty (30)** days of such change.

All items **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.