500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2241
http://www.tn.gov/commerce/

FOR OFFICE USE ONLY

LICENSE TYPE _____2706_____

TRANSACTION TYPE __8003_____

FILE NUMBER _____

ENTITY NUMBER _____

APPLICATION NUMBER _____

AMOUNT PAID _____

# DISMANTLER & RECYCLER APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

Attn: MOTOR VEHICLE COMMISSION
**The Department of Commerce & Insurance**
**500 James Robertson Parkway**
**Nashville, TN 37243**

**Section One:** Applicant Identification and eligibility verification

Name of Applicant: _____
Last First Middle

Are you currently licensed? Yes/No _____ If Yes, License Number _____

Social Security Number OR Federal EIN _____

Mailing Address _____

_____

_____
City State Zip Code

Contact Phone Number: _____

Email Address: _____

STATE OF TENNESSEE
TENNESSEE MOTOR VEHICLE COMMISSION
500 JAMES ROBERTSON PARKWAY, 5TH FLOOR
NASHVILLE, TN 37243-1153
PHONE 615.741.2711
FAX 615.741.0651
tn.gov/commerce/section/motor-vehicle
tn.gov/commerce/topic/mvc-rules-and-laws

| OFFICE USE ONLY |
|---|
| FILE# |
| TRANSACTION # |
| ACTION |
| CLERK'S INITIALS |

| ☐ **ORIGINAL APPLICATION** | ☐ **RELOCATION APPLICATION (PREVIOUS LICENSE NUMBER #_____)** |
|---|---|

| CHECK ONE | |
|---|---|
| ☐ SOLE PROPRIETORSHIP | ☐ PARTNERSHIP |
| ☐ CORPORATION | ☐ LLC |
| ☐ LP | ☐ LLP |

**APPLICATION IS HEREBY MADE FOR AN AUTOMOTIVE DISMANTLER AND RECYCLER LICENSE TO ENGAGE IN THE BUSINESS OF SELLING PARTS FROM SALVAGED MOTOR VEHICLES IN THE STATE OF TENNESSEE IN COMPLIANCE WITH THE PROVISIONS OF T.C.A. TITLE 55, CHAPTER 17.**

**(PRINT LEGIBLY IN BLACK INK)**

**PLEASE COMPLETE THE FOLLOWING SECTION**

| FIRM NAME (FULL NAME OF ENTITY TO BE LICENSED) | | | |
|---|---|---|---|
| CELL PHONE<br>( ) | BUSINESS PHONE<br>( ) | FAX NUMBER<br>( ) | EMAIL ADDRESS |
| LOCATION ADDRESS (Physical Address) | CITY/STATE | ZIP | COUNTY |
| MAILING ADDRESS (If different, the mailing address must be in the same county) | CITY/STATE | ZIP | COUNTY |

**IF YOUR BUSINESS IS A SOLE-PROPRIETORSHIP, PLEASE COMPLETE THE FOLLOWING SECTION**

| NAME | | | CELL PHONE<br>( ) |
|---|---|---|---|
| ADDRESS | CITY/STATE | ZIP | COUNTY |

**IF YOUR BUSINESS IS A PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING SECTION – MUST IDENTIFY MANAGING PARTNER**

| NAME (1) (MANAGING PARTNER) | | | CELL PHONE<br>( ) |
|---|---|---|---|
| ADDRESS | CITY/STATE | ZIP | PARTNERSHIP % |
| NAME (2) | | | CELL PHONE<br>( ) |
| ADDRESS | CITY/STATE | ZIP | PARTNERSHIP % |
| NAME (3) | | | CELL PHONE<br>( ) |
| ADDRESS | CITY/STATE | ZIP | PARTNERSHIP % |

**IN THE FOLLOWING SECTION, PLEASE LIST THE REGISTERED AGENT AS REPORTED TO THE TENNESSEE SECRETARY OF STATE**

| NAME (PRINT) | ADDRESS | CITY, STATE, ZIP | COUNTY |
|---|---|---|---|
| | | | |
| SIGNATURE OF REGISTERED AGENT | | | CELL PHONE NUMBER<br>(  ) |

**THE FOLLOWING SECTION PERTAINS TO CORPORATIONS (DOMESTIC & FOREIGN), LLCs, LLPs, and LPs**

1. STATE OF INCORPORATION_____
2. DOMESTIC (TENNESSEE) – YOU MUST PROVIDE A COPY OF THE CHARTER, INCLUDING ANY AMENDEMENTS. (IF THIS IS A CHANGE OF OWNERSHIP OF EXISTING STOCK/SHARES AND/OR LIABILITIES, ATTACH COPIES OF MINUTES APPROVING THE CHANGE.)
3. FOREIGN (OUT-OF-STATE) – YOU MUST PROVIDE A COPY OF A CERTIFICATE OF AUTHORITY, ISSUED BY TENNESSEE, STATING AGENT FOR SERVICE OF PROCESS.

| **WHAT TYPE OF CORPORATION DO YOU PLAN TO OPERATE? PLEASE MARK CORRESPONDING BOX** | **S CORP** | **C CORP** |
|---|---|---|
| **IF YOU PLAN TO OPERATE AS A C CORP, IS THE CORPORATION PUBLICLY TRADED? PLEASE MARK CORRESPONDING BOX** | **YES** | **NO** |

IN THE FOLLOWING SECTION, YOU MUST LIST THE NAME, ADDRESS, AND TITLE OF OFFICERS, DIRECTORS, MEMBERS AND ANY/ALL PERSONS OR ENTITIES OWNING MORE THAN FIVE PERCENT (5%) OF ANY OUTSTANDING SHARES OF STOCK ISSUED BY THE CORPORATION.

BY COMPLETING THE FOLLOWING, THE UNDERSIGNED APPLICANT HEREBY AGREES AND RELEASES FROM ANY AND ALL LEGAL LIABILITY THE TENNESSEE MOTOR VEHICLE COMMISSION, ITS STAFF AND REPRESENTATIVES REGARDING COMPLETE DISCLOSURE AND INSPECTION OF APPLICANT'S FINANCIAL AND/OR BACKGROUND DISCLOSURE OF ALL RECORDS PERTINENT TO ITS DOING BUSINESS IN THE STATE OF TENNESSEE. ALL PRIOR BUSINESS, BANKING, AND INVESTMENT RECORDS WILL BE MADE AVAILABLE BY THE APPLICANT FOR INSPECTION, BY THE MOTOR VEHICLE COMMISSION OR THROUGH ITS REPRESENTATIVES. IN ADDITION, THE APPLICANT AGREES TO PROVIDE AND DISCLOSE SUCH INFORMATION TOUCHING ON AND CONCERNING THE APPLICANT'S CHARACTER, HONESTY, INTEGRITY, REPUTATION, BUSINESS RELATIONSHIP AND ABILITY AS THE COMMISSION MAY REQUIRE.

ALL SUCH RECORDS ARE TO BE USED EXCLUSIVELY BY THE COMMISSION AND ITS STAFF FOR THE SOLE PURPOSE OF DETERMINING REQUIREMENTS FOR LICENSURE UNDER THE LAWS AND REGULATIONS OF THE TENNESSEE DEALER-MANUFACTURING LICENSING LAWS, RULES AND REGULATIONS FOUND IN TENNESSEE CODE ANNOTATED, TITLE 55 CHAPTER 17, ET SEQ. AND TENNESSEE COMPREHENSIVE RULES AND REGULATIONS CHAPTER 0960. IF ANY OTHER PORTION OF THE BUSINESS IS OWNED BY ANOTHER CORPORATION, LLC, LLP, or LP, SIMILAR DOCUMENTS ARE REQUIRED FOR THAT CORPORATION AND ANY OTHER CORPORATION LISTED IN THE CHAIN OF OWNERSHIP.

| **FULL NAME (PRINT) & TITLE** | **DATE OF BIRTH** | **HOME ADDRESS (STREET, CITY, STATE, ZIP)** | **SOCIAL SECURITY NUMBER & EMAIL ADDRESS** | **CELL PHONE NUMBER** | **% OWNED** |
|---|---|---|---|---|---|
| | | | | (  ) | |
| **SIGNATURE** | | | | | |
| **FULL NAME (PRINT) & TITLE** | **DATE OF BIRTH** | **HOME ADDRESS (STREET, CITY, STATE, ZIP)** | **SOCIAL SECURITY NUMBER & EMAIL ADDRESS** | **CELL PHONE NUMBER** | **% OWNED** |
| | | | | (  ) | |
| **SIGNATURE** | | | | | |
| **FULL NAME (PRINT) & TITLE** | **DATE OF BIRTH** | **HOME ADDRESS (STREET, CITY, STATE, ZIP)** | **SOCIAL SECURITY NUMBER & EMAIL ADDRESS** | **CELL PHONE NUMBER** | **% OWNED** |
| | | | | (  ) | |
| **SIGNATURE** | | | | | |

**THE FOLLOWING SECTION PERTAINS TO FACILITY REQUIREMENTS**

PHYSICAL DESCRIPTION OF YOUR FACILITY MUST MEET OR EXCEED MINIMUM REQUIREMENTS AS OUTLINED IN THE "MINIMUM REQUIREMENTS FOR A TENNESSEE DISMANTLER AND RECYCLER LICENSE.

**(PHOTOS ARE REQUIRED TO BE ATTACHED AND ARE TO BE PRINTED ON 8.5 x 11 PAPER OR AFFIXED TO A SHEET OF 8.5 x 11 PAPER. PLEASE REFER TO THE ATTACHED MINIMUM REQUIREMENTS FOR TENNESSEE DISMANTLER AND RECYCLER LICENSE FOR FURTHER DETAILS.)**

| TYPE OF BUILDING (WOOD, BRICK, STUCCO, BLOCK, ETC.) | GROSS BUILDING AREA (SQUARE FOOTAGE) | LAND/PARCEL SIZE (SQUARE FOOTAGE OR ACREAGE) |
|---|---|---|
| | | |

**THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON AUTHORIZED AS DESIGNEE FOR THE BUSINESS. FAILURE TO PROPERLY COMPLETE THIS APPLICATION WILL DELAY THE APPLICATION REVIEW PROCESS.**

| | | |
|---|---|---|
| Is the dismantling and recycling of motor vehicles the principal business at the location named in this application? | YES | NO |

| | | |
|---|---|---|
| Are you engaged in any other business which is conducted from this establishment? (If yes, please describe the secondary business in the box below) | YES | NO |

| |
|---|
| **DESCRIPTION OF SECONDARY BUSINESS:** |

| | | |
|---|---|---|
| Has the designee or anyone holding an ownership or financial interest in this business been previously licensed as a Dismantler and Recycler, or ever held interest in the same? | YES | NO |
| If you answered "yes" to the question above, provide the name of the person, business, State of issuance, period of licensure and Dismantler/Recycler License Number. | | |

| | | |
|---|---|---|
| Has the designee or anyone holding an ownership or financial interest in this business ever had a license revoked, suspended, or otherwise disciplined by any board or agency, or ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Tennessee or any other state? If other than Tennessee, identify the State_____ | YES | NO |
| If you answered "yes" to the question above, attach an explanation of the action, consent order, final order, or other administrative document which references the disciplinary action taken against you or the business. | | |

| | | |
|---|---|---|
| Has the designee or anyone holding an ownership or financial interest in this business ever been convicted of a crime, pled nolo contendere to a crime, or been convicted of a felony? | YES | NO |
| If you answered "yes" to the question above, you must attach a complete list of ALL final judgments for ALL convictions and nolo contendere pleas detailing dates and court jurisdictions of such convictions. (See item #10 on the Minimum Requirements List for further details) You should also attach documentation regarding the terms of your release, if applicable. Failure to provide complete and true information as requested may result in your application being denied by the Commission pursuant to TCA § 55-17-114 et seq. | | |

| | | |
|---|---|---|
| Have any of the individuals, partners, or corporate officers named ever been convicted of a crime, pled nolo contendere to a crime, or been convicted of a felony? | YES | NO |
| If you answered "yes" to the question above, you must attach a complete list of ALL final judgments for ALL convictions and nolo contendere pleas detailing dates and court jurisdictions of such convictions. (See item #14 on the Minimum Requirements List for further details) You should also attach documentation regarding the terms of release, if applicable. Failure to provide complete and true information as requested may result in your application being denied by the Commission pursuant to TCA § 55-17-114 et seq. | | |

**THE FOLLOWING SECTION PERTAINS TO POSTED BUSINESS HOURS**

Tenn. Comp. R. & Regs. 0960-2-.10 REASONABLE BUSINESS HOURS. ALL AUTOMOTIVE DISMANTLERS AND RECYCLERS SHALL BE OPEN AT THEIR ESTABLISHED PLACE OF BUSINESS DURING REASONABLE BUSINESS HOURS…"REASONABLE BUSINESS HOURS" MEANS AT LEAST THREE (3) DAYS A WEEK FOR A MINIMUM OF TWELVE (12) HOURS TOTAL DURING THE WEEK. THE REASONABLE BUSINESS HOURS MUST BE BETWEEN 8:00 A.M. AND 7:00 P.M., AND AT LEAST EIGHT (8) OF THE HOURS MUST BE ON MONDAY, TUESDAY, WEDNESDAY, THURSDAY OR FRIDAY. UNLESS OTHERWISE NOTIFIED, THE COMMISSION WILL CONSIDER THESE YOUR POSTED HOURS OF OPERATION.

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM | PM |

| TOTAL HOURS |
|---|
| |

**I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN, OR ATTACHED TO THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE MEMBERS OF THIS ORGANIZATION ARE FAMILIAR WITH THE PROVISIONS OF THE LAW UNDER WHICH THIS APPLICATION IS MADE, AND UNDER WHICH THIS LICENSE IS GOVERNED, AND THAT I, AS SOLE-PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION,LLC, LLP, OR LP, HAVE THE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.**

| **AUTHORIZED SIGNATURE** | **PRINTED SIGNATURE** | **DATE** |
|---|---|---|
| | | |

THE FOLLOWING SECTION MUST BE COMPLETED BY A NOTARY PUBLIC

| **STATE OF** | | **COUNTY OF** |
|---|---|---|
| **SUBSCRIBED AND SWORN TO BEFORE ME (MONTH, DAY, YEAR)** | **NOTARY PUBLIC** | **MY COMMISSION EXPIRES** |
| | | |

(SEAL)

PROOF OF LIABILITY INSURANCE WITH A MINIMUM COVERAGE OF $250,000.00 PER OCCURRENCE, AND EVIDENCE OF WORKER'S COMPENSATION (IF APPLICABLE) MUST BE PROVIDED BY A CERTIFICATE OF INSURANCE. THIS INSURANCE MUST REMAIN IN FORCE FOR AS LONG AS THE LICENSEE IS LICENSED. THE TENNESSEE MOTOR VEHICLE COMMISSION, AT THE ADDRESS LISTED ON THIS APPLICATION, MUST BE SHOWN AS THE CERTIFICATE HOLDER.

# APPLICATION CHECKLIST

**MAIL APPLICATION, ATTACHMENTS, AND FEE TO THE TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, 5TH FLOOR, NASHVILLE, TENNESSEE 37243-1153.**

- ☐ **1. DID YOU ANSWER EVERY QUESTION ON YOUR APPLICATION?**
- ☐ **2. IS YOUR APPLICATION SIGNED AND NOTARIZED?**
- ☐ **3. DID YOU INCLUDE A COPY OF THE NPDES PERMIT?**
- ☐ **4. DID YOU INLCUDE A COPY OF THE TDOT BEAUTIFICATION LETTER?**
- ☐ **5. DID YOU INCLUDE YOUR CERTIFICATE OF LIABILITY INSURANCE?**
- ☐ **6. IS THE NAME & ADDRESS ON YOUR CERTIFICATE OF INSURANCE <u>EXACTLY</u> THE SAME AS IT APPEARS ON YOUR APPLICATION?**
- ☐ **7. IS THE TENNESSEE MOTOR VEHICLE COMMISSION LISTED AS THE CERTIFICATE HOLDER ON THE CERTIFICATE OF INSURANCE?**
- ☐ **8. DID YOU INCLUDE A COPY OF YOUR STATE SALES TAX CERTIFICATE OF REGISTRATION?**
- ☐ **9. DID YOU INCLUDE A COPY OF YOUR COUNTY BUSINESS TAX LICENSE? CITY BUSINESS TAX LICENSE?**
- ☐ **10. DID YOU INCLUDE A COPY OF YOUR ZONING LETTER?**
- ☐ **11. DID YOU REMEMBER TO PRINT DIGITAL PHOTOS ON 8.5 x 11 PAPER, OR ATTACH PHOTOS TO 8.5 x 11 PAPER?**
- ☐ **12. DID YOU INCLUDE A COPY OF YOUR FINANCIAL STATEMENT PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT?**
- ☐ **13. HAVE YOU INCLUDED A COMPLETED COPY OF THE ELIGIBILITY VERIFICATION FOR ENTITLEMENTS ACT ATTESTATION FORM?**
- ☐ **14. IF A CORPORATION, LLC, LLP OR LP, DID YOU INCLUDE A COPY OF YOUR CORPORATE CHARTER FILED WITH THE TENNESSEE SECRETARY OF STATE'S OFFICE? IF AN OUT OF STATE CORPORATION, DID YOU ATTACH A COPY OF THE "CERTIFICATE OF AUTHORITY" TO ENGAGE IN BUSINESS IN TENNESSEE?**
- ☐ **15. IF YOU WERE CONVICTED OF A FELONY, CRIME OR PLED NOLO CONTENDERE TO A CRIME, HAVE YOU INCLUDED A COMPLETE LIST OF ALL FINAL JUDGMENTS FOR ALL CONVICTIONS AND NOLO CONTENDERE PLEAS DETAILING DATES AND COURT JURISDICTIONS OF SUCH CONVICTIONS, ALONG WITH A COPY OF YOUR TERMS OF RELEASE?**

PLEASE REFER TO THE MINIMUM REQUIREMENTS FOR TENNESSEE DISMANTLER AND RECYCLER LICENSE ATTACHMENT FOR ASSISTANCE IN COMPLETING YOUR APPLICATION.

## APPLICATIONS WILL NOT BE CONSIDERED FOR LICENSURE UNTIL ALL INFORMATION IS EXACT AND COMPLETED IN ITS ENTIRETY.

**STATE OF TENNESSEE**
**DEPARTMENT OF COMMERCE AND INSURANCE**
**REGULATORY BOARDS DIVISION**
**TENNESSEE MOTOR VEHICLE COMMISSION**
**500 JAMES ROBERTSON PARKWAY**
**DAVY CROCKETT TOWER**
**NASHVILLE, TENNESSEE 37243**

# Eligibility Verification for Entitlements Act Attestation Instructions

**INSTRUCTIONS:** If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

   **AND**

**Do one (1) of the following:**

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**

3. If you are claiming qualified alien status, you MUST present **two (2) forms** of documentation (front and back) of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below. **(Failure to provide two forms of documentation as described will result in a delay to determining eligibility for licensure.)**

4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.
   or

5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

**Eligibility Verification for Entitlements Act Attestation**

**TENNESSEE MOTOR VEHICLE COMMISSION**

**Part A. Eligibility Verification for Entitlements Act Attestation**

**I hereby attest under penalty of perjury that I am (select one):**

____ A United States citizen;

____ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;[1]
**Driver's license and Social Security card are not acceptable documentation under part C below.**

____ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

| | |
|---|---|
| _____ | _____ |
| Applicant's Signature | Name of Dealership/License Number |
| _____ | _____ |
| Printed Name Date | Officer or Agent Signature |

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq*.**

[1] Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq*.];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

**Eligibility Verification for Entitlements Act Additional Required Documentation**

**Part B. If you are claiming United States citizenship, you must present one (1) of the following:**

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall **not** be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

**Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:**

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

**Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.**

**Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.**