



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.shtml](http://www.tn.gov/commerce/boards/asc.index.shtml)

## 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](http://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 closed or denied. 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, cashier'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.



**4. Alarm Systems Contractor Company Information:**

Is the application for:  Single Owner     Partnership     Corporation (Corp.)     Limited Liability Company (LLC)  
 Limited Partnership (LP)     A Limited Liability Partnership (LLP)     Other

**a. If the company is a Corporation, LLC, LP or LLP, provide the following information:**

Legal Name of Corporation \_\_\_\_\_ Date & State of Incorporation \_\_\_\_\_

Mailing Address of Corporation Headquarters \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_ E-mail Address (if available) \_\_\_\_\_

Please provide the exact name that appears on the documentation that will be on file with the office of the Tennessee Secretary of State under which the corporation will be doing business.

Date qualified to do business in Tennessee \_\_\_\_\_

**b. Corporate Officer, Principals or Partnership Information:** List below the principal corporate officer(s), principals, or partners. Please add additional sheets if necessary.

1) \_\_\_\_\_  
 Last First Middle Initial

2) \_\_\_\_\_  
 Last First Middle Initial

Position with Company or Corporation \_\_\_\_\_

Position with Company or Corporation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Business Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

3) \_\_\_\_\_  
 Last First Middle Initial

4) \_\_\_\_\_  
 Last First Middle Initial

Position with Company or Corporation \_\_\_\_\_

Position with Company or Corporation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Business Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

**5. Ownership Information:** In accordance with **Tenn. Code Ann. 62-32-314(b)** list below each person, firm, association, corporation, or other entity that owns or controls 10% or greater interest in this company. Please add additional sheets if necessary.

1) \_\_\_\_\_  
 Name of individual or entity

2) \_\_\_\_\_  
 Name of individual or entity

Percentage owned or controlled \_\_\_\_\_

Percentage owned or controlled \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. Ownership Information: (Continued)**

3) \_\_\_\_\_  
 Name of individual or entity

\_\_\_\_\_  
 Percentage owned or controlled

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Business Phone Email Address

4) \_\_\_\_\_  
 Name of individual or entity

\_\_\_\_\_  
 Percentage owned or controlled

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Business Phone Email Address

**6. Alarm Contractor Certifications, Licenses or Registrations in another jurisdiction:**

List below all alarm company certifications, licenses, or registrations held by this company and which state, city or county municipality they were issued by: Please add additional sheets if necessary.

1) \_\_\_\_\_  
 Name of State Board, City or County Alarm License License Number Date Issued Current License Status  
 Has this license, certification or registration been disciplined, suspended, or revoked?  Yes  No

2) \_\_\_\_\_  
 Name of State Board, City or County Alarm License License Number Date Issued Current License Status  
 Has this license, certification or registration been disciplined, suspended, or revoked?  Yes  No

3) \_\_\_\_\_  
 Name of State Board, City or County Alarm License License Number Date Issued Current License Status  
 Has this license, certification or registration been disciplined, suspended, or revoked?  Yes  No

4) \_\_\_\_\_  
 Name of State Board, City or County Alarm License License Number Date Issued Current License Status  
 Has this license, certification or registration been disciplined, suspended, or revoked?  Yes  No

**7. Company Credit References from lending institutions or business firms with whom a credit record has been established: [List three (3)] *Personal Credit References for the company owner are acceptable.***

1. \_\_\_\_\_  
 Name of Business or Institution Acct. # Address

\_\_\_\_\_  
 City State Zip Code Area Code and Telephone Number

2. \_\_\_\_\_  
 Name of Business or Institution Acct. # Address

\_\_\_\_\_  
 City State Zip Code Area Code and Telephone Number

3. \_\_\_\_\_  
 Name of Business or Institution Acct. # Address

\_\_\_\_\_  
 City State Zip Code Area Code and Telephone Number

**8. Branch Office Information:**

There are no branch offices doing business in the State of Tennessee as of the date of this application. Be advised, each branch office must be certified, have a licensed qualifying agent, and you are required to submit completed applications for each such office, with appropriate fees.

**9. I HAVE ENCLOSED: [Failure to include all required documents will delay processing and issuance of your license.]**

- Business Licenses/Permits:** In accordance with **Tenn. Code Ann. § 62-32-314(a)(2)** I have enclosed a photocopy of the company business licenses or permits from the city and county in which the business is located. If such business license or permit is not required in the city and/or county in which the business is located, you must attach a letter or statement from the city or county indicating that this license or permit is not required for your company to operate in that location.
- Proof of Insurance:** In accordance with **Tenn. Code Ann. § 62-32-315(a)(1)-(3)** I have enclosed a current Certificate of Insurance as evidence of coverage of a general liability policy meeting at least the minimum requirements. Binders are not acceptable for issuance.
- Roster of Employees:** In accordance with **Administrative Rule 0090-1-.07(11)** I have enclosed a list of all employees at this location that are required to be licensed or registered by the Tennessee Alarm Systems Contractors Board. This list must be signed by the Owner and/or Designated Qualifying Agent.
- The Required Application Fees:** In accordance with **Tenn. Code Ann. § 62-32-314(a), and Administrative Rule 0090-1-09**, you must submit all applicable fees required for the processing of your application. You may also submit the required certification fees in order to expedite issuance.

**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division or Regulatory Boards, Alarm Systems Contractors Board* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification or licensure by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under **Tennessee Code Annotated § 62-32**. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Owner or Company Authorized Representative)

Subscribed and sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

[NOTARY SEAL]

\_\_\_\_\_  
(Signature of Designated Qualifying Agent or Applicant)

Subscribed and sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

[NOTARY SEAL]