



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

ALARM EMPLOYEE REGISTRATION - INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS and please keep a photocopy of the completed application.
READ INSTRUCTIONS CAREFULLY

Date Application Submitted to State: _____

Fees may be paid by cashiers check, money order or personal check made payable to: *Tennessee Department of Commerce and Insurance*

Application Fee \$100.00 (non-refundable)
Fingerprint Processing Fee \$ 60.00 (non-refundable)
Note: Application Fee changed effective 08/09/2009.

- ✓ If this office processes the fingerprints the total fee due with the application is: **\$160.00**
- You must complete and forward this application together with all supporting documentation and fees to the Alarm Systems Contractors Board within thirty (30) days of your employment. The average processing time for this application is 2-3 months due to the time needed to process your TBI and FBI fingerprint background reports, including an average of one (1) month processing by this office.
- 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 enclosed.
- **Fingerprint Processing Fee:** You may forward three (3) completed fingerprint cards and the **\$60.00** fee to this office with your application. Should you choose this option, you must use the fingerprint cards provided by this office. No others will be accepted. Prints must be rolled nail-to-nail on the proper cards by a qualified, trained technician. The cards must be fully completed and signed by the applicant. All questions in the blocks at the top of the card must be answered, including citizenship, social security number, date and place of birth.
Please refer to information regarding fingerprint electronic submission options.
- **Two (2) 1" x 1" color passport-style photos** (with your name printed on the back of each) must be submitted with this application. Place photos in an envelope and attach the envelope securely to the application form.
 - 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, attach additional page(s) and identify each response by the item number on the application.
 - If your address changes during the application process or after issuance, you must notify this office in writing of your new address.
 - If you fail to respond to any correspondence from this office your application will be **CLOSED** or **DENIED**.
- ❖ You must be at least eighteen (18) years of age.
- ❖ It is your responsibility to know and understand the laws and rules regulating employees of alarm system contracting companies in the State of Tennessee. You may obtain this information from the designated qualifying agent for your company.
- ❖ You are required to make the registration card available to State and/or local authorities upon request. While on the job, you must wear the ID badge so that it is visible to the public at all times.
- ❖ You may not work in Tennessee in any position requiring alarm registration once your application is **CLOSED** or **DENIED**.

If employment with the alarm company you applied with is terminated before your registration card is issued, you will be required to file a new application with all documentation and application fees if you become employed with another alarm company.



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE & INSURANCE
 DIVISION OF REGULATORY BOARDS
 ALARM SYSTEMS CONTRACTORS BOARD
 500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
 NASHVILLE, TENNESSEE 37243-1168
 PHONE (615) 741-9771 FAX (615)-532-2965

FOR OFFICIAL USE ONLY

File # _____

Xact # _____

APPLICATION FOR EMPLOYEE REGISTRATION

NOTE INSTRUCTIONS ATTACHED TO THIS APPLICATION

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION - TYPE OR PRINT ALL AREAS OF THIS APPLICATION

1. PERSONAL DATA:

Date: _____

Social Security Number _____ Last Name _____ First Name _____ Middle Name _____

Residence (Street) Address, Apt. No. _____

City _____ State _____ Zip Code _____

(_____) _____
 (Area Code) Home Phone Number _____ E-mail address (If available) _____

Date of Birth (M/D/Y) _____ Place (City,State) of Birth _____ Age _____ Sex(M/F) _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

a. Are you a United States Citizen? Yes No
 If not, attach documentation establishing your legal alien status.

b. Have you ever used a name other than the one by which you are applying? Yes No

If yes, give the name(s) _____

Explain why the name(s) was used: _____

2. CURRENT EMPLOYMENT INFORMATION:

Name of Alarm Contractor _____ Company Certification Number _____

Business (Street) Location _____

City _____ State _____ ZIP Code _____

Telephone Number _____ FAX Number _____ Company E-mail Address (If Available) _____

Job Title / Position _____ Date of Employment in Registered Position _____

Designated Qualifying Agent's Name and Signature _____ Date Signed _____

3. PREVIOUS APPLICATIONS/REGISTRATIONS:

a. Have you been registered as an Alarm Systems Contractor employee in another state? Yes No
 Attach a separate sheet if necessary.

If yes, what state? _____ Registration Number: _____

b. Has this license or registration ever been suspended or revoked? Yes No

If yes, why? _____

4. OTHER RESIDENCES: List all residences at which you have lived for the past five (5) years. Include your current address. Attach a separate sheet if necessary.

Street Address	City	State	Zip Code	From (Mo/Yr)	To (Mo/Yr)
Street Address	City	State	Zip Code	From (Mo/Yr)	To (Mo/Yr)
Street Address	City	State	Zip Code	From (Mo/Yr)	To (Mo/Yr)

5. PAST EMPLOYMENT RECORD: List all jobs or occupations you have held in the immediate past five (5) years. Attach a separate sheet if necessary.

Company Name	Address	City	State	(Mo/Yr)	To (Mo/Yr)
Company Name	Address	City	State	(Mo/Yr)	To (Mo/Yr)
Company Name	Address	City	State	(Mo/Yr)	To (Mo/Yr)

6. CRIMINAL HISTORY INFORMATION: Answer the following questions completely. Arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI). If you answer or mark "yes" to any of the following questions, you are required to provide to this office no later than thirty (30) days after the completion of this application, a certified copy of the warrant or other certified court documents showing the final disposition of your arrest and/or charges, including suspended or deferred sentences. If the court that dealt with the charges no longer has these records on file, you must obtain a certified letter from the court clerk to that effect. A complete explanation of the factual circumstances surrounding each charge should also be provided. Failure to fully disclose all arrest information could disqualify you under T.C.A. 62-32-307(i).

a. Have you ever been arrested in Tennessee or any other state? Yes No

If yes, what state(s): _____

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes No

c. Once there, were you fingerprinted, photographed and booked into jail? Yes No

d. What were you charged with? Please list all charges below. (Attach a separate sheet if necessary.)

Date	Charge	City	State
------	--------	------	-------

Date	Charge	City	State
------	--------	------	-------

e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes No

f. Did the court find you guilty of any charges? Yes No

g. If you pled guilty or were found guilty of any charge(s), identify the offense(s) of which you were convicted and the sentence imposed by the court. Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence or period of probation, and list the sentence below. **In addition, you must forward a certified copy of the warrant or other notarized court documents showing the final disposition of any charge(s), as well as an explanation of the circumstances surrounding the arrest(s).** Attach an explanation of the circumstances surrounding the offense as indicated in the first paragraph of this application section. Attach a separate sheet if necessary.

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

h. Are you currently on a deferred sentence or on probation? Yes No

i. Did the court dismiss the charge(s) against you? Yes No

j. Were the charges against you expunged from your record by the court? Yes No
If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you? Yes No

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
----------------	--------	-------------------------------------	------------------------

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
----------------	--------	-------------------------------------	------------------------

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
----------------	--------	-------------------------------------	------------------------

7. I HAVE ENCLOSED:

- a. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by this office. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards **MUST** be completed and signed.
- b. **Two (2) 1"x1" Color Passport-style Photos:** Include your name and Social Security number on the back of each. **DO NOT USE POLAROID PICTURES**
- c. **The Required Application Fee:** Make checks or money orders payable to: **TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.**

8. STATEMENT OF COMPLIANCE AND UNDERSTANDING:

(Application must be signed under oath and notarized)

I UNDERSTAND THAT ANY FALSE STATEMENT(S) AND/OR MISREPRESENTATIONS(S) GIVEN BY ME ON THIS APPLICATION OR ON ANY ATTACHMENTS WILL BE PUNISHABLE UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 32.

THEREFORE, I CERTIFY THAT ALL ANSWERS, STATEMENTS, AND INFORMATION GIVEN BY ME IN THIS APPLICATION AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Registered Employee Applicant

Subscribed and sworn to, before me on this _____ day of _____, _____

[NOTARY SEAL]

Signature of Notary Public

My commission expires: _____