



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE & INSURANCE
 DIVISION OF REGULATORY BOARDS
 PRIVATE PROTECTIVE SERVICES
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TN 37243-1158
 615.741.6382 FAX 615.532.2965
www.tn.gov/commerce/boards/

FOR OFFICIAL USE ONLY

File #

Xact #

CONTRACT SECURITY COMPANY APPLICATION

Instructions: Please read this entire application carefully. Complete all sections and have notarized before returning with the appropriate application fee to the above address. Please note: application fees are not refundable. Submit additional information for any item on a separate sheet of paper.

1. General Information:

Company Name (the name under which your company will be certified)

Street Address (physical location)

Mailing Address (if different than physical location)

City State ZIP Code

Area Code and Telephone Number FAX Number Company Web Page and E-MAIL Address

a. Will you be doing business under any name other than the name listed above? Yes No

If yes, list the exact name under which you will be doing business.

Company Name (the exact name under which you will be doing business)

b. How many branch offices will you have in Tennessee? _____

Attach an additional sheet of paper listing all branch offices. Include the name of the branch manager, physical and mailing address, phone number, fax number and E-mail address (if available) for the branch office(s).

c. How many employees will you have in service in Tennessee? _____

2. Is the application for: a single owner a partnership a corporation (Corp.)
 a limited liability company (LLC) a limited partnership (LP) a limited liability partnership (LLP)

a. Is this company a Corporation, LLC, LP or LLP? Yes No

If yes, 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

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 Information: In accordance with Tennessee Code Annotated §62-35-105(a)(5), list below the principal corporate officer(s). Please add additional sheets if necessary.

<p>1) _____</p> <p style="text-align: center;">Last First Middle Initial</p> <hr/> <p>Social Security Number Office Held in the Corporation</p> <hr/> <p>Business Address</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Business Phone# Fax#</p> <hr/> <p>Residential Address</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Home Phone# E-mail Address</p>	<p>2) _____</p> <p style="text-align: center;">Last First Middle Initial</p> <hr/> <p>Social Security Number Office Held in the Corporation</p> <hr/> <p>Business Address</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Business Phone# Fax#</p> <hr/> <p>Residential Address</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Home Phone# E-mail Address</p>
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Tenn. Code Ann. § 62-35-105(4): The following information must be submitted for each individual applicant, or, if the applicant is a partnership, as to each partner, or, if the applicant is a corporation, as to the qualifying agent.

3. Corporate Qualifying Agent, Individual (Sole Proprietor), or Partnership applying for licensure: If the application is for a partnership, attach an additional sheet of paper with the required information for EACH partner.

Last Name	First Name	Middle Name
Residence Address	City	State ZIP Code
Area Code and Telephone Number	FAX Number	E-MAIL Address
Social Security Number	Date of Birth	Place of Birth
	Age	Sex Race Height Weight Hair Eyes

Have you ever used a name or alias other than shown above? If so, please list: _____

4. Credit References: [Corporate Qualifying Agent, Individual (Sole Proprietor), or Partnership Applicant]
 You must provide three (3) credit references from lending institutions or business firms with whom a credit record has been established. These references must be original documents from the lending institution, must be in standard business letter form and must appear on the institution's letterhead.

5. List all residences during the immediate past five (5) years. (Attach an additional sheet of paper listing this information, please include dates of residency for each location.)

6. Provide all employment or occupations engaged in during the immediate past five (5) years. (This information may be included in a formal resume. Attach a separate sheet of paper listing this information if not included in resume.)

7. Qualifying Information:

- I wish to apply for licensure on the basis of my **EXPERIENCE**. Attached is all the necessary/required documentation to substantiate my indicated experience. You must **include written verification** from previous employer(s) documenting at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency, as per Tenn. Code Ann. 62-35-106(6)(A) or (B). **A resume alone is not considered proof of experience.**
- I wish to apply for licensure by taking the required **EXAMINATION**. I understand I must make the necessary arrangements with the testing agency and pay any applicable fees associated with the examination.

8. Criminal History Information:

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigations (FBI). **If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.**

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

If YES, what state(s)? _____

If NO, go to question #9.

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. Were misdemeanor or felony charges filed against you? Yes No

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

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 or not guilty? Yes No

g. If you were found guilty, what was the sentence of the court? (Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.)

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 charges against you? Yes No

j. Were those 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

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9. Have you ever been declared incompetent by reason of mental defect or disease? Yes No
If yes attach separate documents and a written explanation.

10. Are you currently suffering from habitual drunkenness or any narcotic addiction? Yes No
If yes, attach proof (if applicable) of having completed treatment program(s).

11. Are you a United States Citizen? Yes No
If not, attach documentation establishing your legal alien status. If you are not a U.S. citizen or Resident Alien you will not qualify for licensure.

12. Have you ever served in Military Service? Yes No
 a. Did you receive an Honorable discharge? Yes No
 If other than Honorable discharge, attach a separate sheet of paper explaining the discharge, a copy of your DD214 and copies of all final judgments or dispositions of charges.

13. Have you read the Tennessee statutes pertaining to Private Protective Services and the corresponding Administrative Rules and do you understand your responsibilities? Yes No

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

- The Required Application and Fingerprint Fees:** In accordance with Private Protective Services Administrative Rule 0780-5-2-.23(1), you must include all applicable fees required for the processing of your application.
- Three (3) sets of classifiable fingerprint cards or a photocopy of your receipt for electronic submission.**
- Documents Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-106(6), if you wish to qualify for licensure based on experience, attach written verification from previous employer(s) documenting at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.
- A Document** showing all residences for the immediate past five (5) years.
- Proof of General Liability Insurance:** In accordance with Tennessee Code Annotated §62-35-114, attach a current Certificate of Insurance as evidence of coverage of a general liability policy meeting at least the minimum requirements.
- Credit reference documents in response to question 4 on the application.**

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 of Regulatory Boards, Private Protective Services* 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, licensure or registration 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.

{Partnership applicants must submit a separate signature page/release form for all partners}

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 § 62-35. 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 Applicant)

Subscribed and sworn to, before me on this _____ day of _____, 20_____

[NOTARY SEAL]

(Signature of Notary Public)

My commission expires: _____



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CONTRACT SECURITY COMPANY - APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

Application Fee: **\$300.00 [Non-Refundable]**

License Fees:

Company employing 0- 49 security guards	\$125.00
Company employing 50+ security guards	\$425.00

Fingerprint Processing Fee: (If this office processes your print cards) **\$ 60.00**

- Submit three (3) sets of classifiable fingerprint cards with your application and pay the **\$60.00** fee, or schedule electronic fingerprinting.
- Applicants in Tennessee can schedule electronic fingerprinting. Information regarding electronic fingerprinting is available on our website. **You must have the correct ORI# when scheduling: TN920120Z.**
- ❖ You may not undertake to provide or provide contract security services until your Contract Security Company license has been issued.
- ❖ Before proceeding, read the Tennessee Private Protective Services Laws and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating contract security companies in the State of Tennessee. Please refer to the following link to access Private Protective Services Laws and Administrative Rules:
www.tn.gov/commerce/boards/pps/index.shtml
- ❖ If you 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:

- An application completed in its entirety. The application shall be subscribed and sworn to by the applicant (if the applicant is an individual), by each partner (if the applicant is a partnership), or by the qualifying agent (if the applicant is a corporation) before a duly appointed Notary Public.
- If your experience is insufficient, or you do not submit adequate supporting documentation, **you will be required to take the prescribed examination**. You must make your own arrangements to take the examination. An ***Examination Candidate Information Brochure*** is available on our website.
- If applying as a partnership, **each partner** must submit fingerprint cards or submit prints electronically, each partner must qualify by experience or examination, and each partner must provide all of the required information with this application.
- 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.
- **You must submit proof of General Liability Insurance:** In accordance with ***Tennessee Code Annotated §62-35-114***, attach a current Certificate of Insurance as evidence of coverage of a general liability policy meeting at least the minimum requirements.

You should keep a photocopy of this application for your own files, before submitting the application to this office.