



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE COLLECTION SERVICES BOARD  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1155  
(615) 741-1741 FAX (615) 253-1179  
[www.tn.gov/commerce/boards/collect](http://www.tn.gov/commerce/boards/collect)

335 10 03501

Agency Name and Address

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**Remit to:** Department of Commerce and Insurance  
Tennessee Collection Services Board  
500 James Robertson Parkway  
Nashville, TN 37243-1155

**YOUR LICENSE TO OPERATE AS A COLLECTION SERVICE AGENCY IN TENNESSEE EXPIRES TWO YEARS FROM DATE OF ISSUANCE. RETURN THE ATTACHED APPLICATION PROMPTLY TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE THE EXPIRATION DATE OF THE LICENSE.**

**FAILURE TO SUBMIT YOUR APPLICATION WILL RESULT IN THE NON-RENEWAL OF YOUR LICENSE. IF YOUR LICENSE IS NOT RENEWED, A NEW APPLICATION WILL BE REQUIRED.**

Your renewal application will not be considered unless it is complete, properly signed and notarized where indicated. A penalty fee of \$100.00 will be assessed for a period of sixty (60) days following the expiration date.

ENCLOSE WITH YOUR APPLICATION THE FOLLOWING:

1. Correct fee of \$ 350.00
2. \$25.00 for each solicitor's card
3. Application - signed and notarized
4. Surety Bond

1-4 employees	\$15,000
5-9 employees	20,000
10 or more employees	25,000
5. Financial Statement (form) – may be completed by the manager, owner, CEO. **No application will be considered unless the financial information is on the Collection Services Board's provided form.** (see website above, click on "forms & downloads")
6. Proof that all due & payable taxes applicable to the collection service business have been paid.



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**RENEWAL APPLICATION FOR COLLECTION SERVICE LICENSE**

**FEES:** License Fee- \_\_\_\_\_  
Number of Solicitor's Card(s) \_\_\_\_\_ (\$25.00 each)  
Penalty \$100.00 AFTER Expiration of License  
Total Enclosed: \_\_\_\_\_

**ENCLOSE THE FOLLOWING WITH THE COMPLETED APPLICATION:**

- Bond or letter of credit
- Balance Sheet
- Proof of Business tax (Tennessee based agencies only)

Collection Agency Name \_\_\_\_\_ License Number \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Full Address (including P. O. Box) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_

DO YOU AFFIRM THAT THE ABOVE COLLECTION AGENCY MAINTAINS A SEPARATE FIDUCIARY OR TRUST ACCOUNT WITH SUFFICIENT FUNDS AT ALL TIMES TO DISBURSE SUCH ACCOUNTS AS DUE TO ALL CLIENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE EXPLAIN \_\_\_\_\_

NAME AND ADDRESS OF FIDUCIARY OR TRUST ACCOUNT IS LOCATED:  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THIS AGENCY HAS OR WILL HAVE THE FOLLOWING NUMBER OF EMPLOYEES:

A. 1 - 4 \_\_\_\_\_ B. 5 - 9 \_\_\_\_\_ C. 10 OR MORE \_\_\_\_\_

**Instructions: Please complete affidavit on the second page of this form. The second page of this form must be signed and notarized for this renewal to be considered complete.**

**AFFIDAVIT**

In compliance with the Tennessee Code Annotated, Title 62, Chapter 20, this application is submitted for a license to operate as a collection agency in the State of Tennessee.

I certify that I have read this Act and am thoroughly familiar with the contents. Under penalties of perjury, I declare that all statements made herein are for purposes of including the issuance of a license and that all questions have been answered and all accompanying documents have been stated to the best of my knowledge and belief are true, correct and complete in every aspect.

\_\_\_\_\_  
TYPE OR PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Seal/Stamp)

Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_