



500 James Robertson Parkway, 10th Floor
 Nashville, TN 37243
 Tel: 615-741-2981
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY

LICENSE TYPE _____
 TRANSACTION TYPE _____
 FILE NUMBER _____
 ENTITY NUMBER _____
 APPLICATION NUMBER _____
 AMOUNT PAID _____

Name _____
 Street Address _____
 City, TN Zip _____

Date: _____

Hydrostatic Authorization: Yes No

Specialist(s) on file: (Supporting License) _____

REGISTRATION RENEWAL NOTICE

FIRE EXTINGUISHER CLASSIFICATION: BRANCH

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE.

Failure to complete each step outlined below will result in delayed processing and possible expiration of your registration. This form is to be used for renewals only. New applicants must submit a separate application form.

RENEW ONLINE AT <https://core.tn.gov> OR MAIL THE RENEWAL FORM AND PAYMENT AT LEAST TWENTY ONE (21) BUSINESS DAYS IN ADVANCE OF THE EXPIRATION DATE. RENEWALS RECEIVED BETWEEN NINETY (90) DAYS AND TWO (2) YEARS FROM THE EXPIRATION DATE WILL BE SUBJECT TO A LATE FEE. RENEWALS RECEIVED TWO (2) YEARS AFTER THE EXPIRATION DATE WILL NOT BE PROCESSED AND THE REGISTRATION WILL EXPIRE.

Expiration Date:	Renewal Fee: \$50 Hydrostatic Fee: \$25* <small>*Add to renewal fee if applicable</small>	If submitted up to ninety (90) days after expiration: \$75, hydrostatic \$25 If submitted ninety-one (91) days to two (2) years after expiration: \$100 Hydrostatic \$50*
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Step 1: If your name, mailing address or location has changed, enter it in the space below (see note):	Step 2: If your specialist is not the one listed above, enter the new specialist and file number below:
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	Specialist:
	File Number:

Phone #: _____	Step 3: Mail this form with a check made payable to the Department of Commerce and Insurance.
E-mail: _____	

Note: For a change in ownership, call the number at the top of the page for instructions.

Check here to add hydrostatic testing to your registration. Add an additional \$25 to the renewal fee.

I hereby certify I have read and understand the provisions of law relating to the Fire Extinguisher program. This application is made in good faith, and the answers and statements made herein are full, correct and true to the best of my knowledge. I understand that any and all information herein required by the Fire Extinguisher program is considered part of my application.

Applicant Signature: _____ **Date:** _____