



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

Name _____
 Street Address _____
 City, TN Zip _____

FOR OFFICE USE ONLY

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

Date: _____

Firm on File: (Supporting License Number) _____
 Specialist on file: (Supporting License Number) _____

PERMIT RENEWAL NOTICE

FIRE EXTINGUISHER TECHNICIAN

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 permit. 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: \$30	If submitted up to ninety (90) days after expiration: \$45. If submitted ninety-one (91) days to two (2) years after expiration: \$75.
Step 1: If your mailing or home address has changed, enter it in the space below:	Step 2: If your firm or specialist is not the one listed above, enter the new information below (see note):	
Mailing:		Firm:
		File Number:
Home:		Specialist:
		File Number:
Phone #:	Step 3: Mail this form with a check made payable to the Department of Commerce and Insurance.	
E-mail:		

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:** _____