



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
CODES ENFORCEMENT SECTION
MODULAR BUILDING PROGRAM**

Davy Crockett Tower
500 James Robertson Parkway
Nashville, Tennessee 37243-1162
Phone (615) 741-7190
FAX: (615) 253-3267

<http://tn.gov/commerce/sfm/modindex.html>

LICENSE APPLICATION FOR INSTALLER OF MODULAR BUILDING UNITS
INSTRUCTIONS

No person shall engage in business as an installer of modular building units for installation in the State of Tennessee without first having obtained an installer's license from the Department.

Any applicant for a license as an installer of modular building units shall furnish a surety bond executed by the applicant (as principal) and by a surety company qualified to do business in this state (as surety).

The bond for an installer of modular building units shall be twenty-five thousand dollars (\$25,000.00).

A separate bond shall be required for each place of business operated by an installer.

The application form, surety bond form, and surety bond must be received and processed before being licensed by The State of Tennessee.

Important!! Please Read and Follow!!

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay in processing.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.



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LICENSE APPLICATION FOR INSTALLER OF MODULAR BUILDING UNITS
(Pursuant to Tennessee Code Annotated, Title 68, Chapter 126, Part 3)

DIRECTIONS: This application must be fully completed and accompanied by the appropriate fees, Surety Bond form, and Surety Bond. Please make check or money order payable to: **The State of Tennessee, Department of Commerce and Insurance.**

Any false statement or material misrepresentation on this application shall be cause for denial, suspension, or revocation of license.

- \$400.00 Initial (New) License Fee*
*(\$250.00 License Fee, plus \$150.00 Non-refundable Application Fee)

1. Name of Installer: _____

2. Installer Facility Location: _____
(Street or P. O. Box)

(City) (State) (Zip Code) (County)

3. Telephone: () _____ FAX: () _____

E-Mail Address: _____

4. Installer Mailing Address: _____
(Street or P. O. Box)

(City) (State) (Zip Code) (County)

5. Doing Business as: Individual Partnership (LLC) Corporation / Incorporation

6. If Individually Owned: _____
(Print or Type Full Name of Owner)

(ATTACH ADDITIONAL SHEETS, IF NECESSARY FOR THE FOLLOWING ITEMS)

7. If Partnership (LLC): _____
(Print or Type Full Names of Partners)

(Print or Type Full Names of Partners)

8. If Corporation / Incorporation: _____
(Print or Type Full Names of Each Officer) (Title)

(Print or Type Full Names of Each Officer) (Title)

(Print or Type Full Names of Each Officer) (Title)

9. Detail experience in Modular Building Unit Installation: _____

10. List all other Modular Licenses, Registrations or Approvals currently held in other State Programs:

(State) (Description)

(State) (Description)

11. Has your dealership or firm ever been involved in any disciplinary proceedings affecting your Licenses, Registrations or Approvals in any other State Modular Building Program?

Yes No

If yes, provide complete details: _____

12. Certifications by Applicant:

I/We certify that I/We will not engage in business as an installer of any Modular Building Units, for sale in The State of Tennessee, which do not comply with all of the requirements of **Tennessee Code Annotated, Title 68, Chapter 126, Part 3, (Modular Building Act) and Chapter 0780-2-13 (Modular Building Units) of the Rules and Regulations of the State of Tennessee.**

Signature: _____ Date: _____

Print Name: _____ Title: _____

- Notes: a. Separate License and Surety Bond must be secured for each place of business.
- b. All information must be completed before a License can be processed and issued.
- c. All Licenses shall expire on June 30th of each year. Failure to renew by June 30th will result in additional fees.
- d. The Department of Commerce and Insurance shall be notified **in writing** of any change in the information furnished on this application **within thirty (30)** days of such change.

All items **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.