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.
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)
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.