



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
500 JAMES ROBERTSON PARKWAY, 3rd FL
NASHVILLE, TENNESSEE 37243
Phone (615) 741-1270

**APPLICATION
FOR
RESIDENTIAL BUILDING PERMIT ISSUING AGENT**

Name: _____
(Company/Organization Name if Applicable)

Contact Name: _____

Type of Business/Organization (if applicable) _____

Mailing Address: _____

Business Address: (Address where Permits will be issued)

Telephone Number _____

Email Address _____

TN Sales Tax Number _____

Federal ID Number _____

Social Security Number _____ (Required if Individual)

The potential issue agent certifies by signing this application that:

- the potential issue agent's place of business is located in Tennessee or a state contiguous to Tennessee in order to provide his or her services to the citizens of the state of Tennessee; and
- the potential issue agent is not a convicted felon; and
- the potential issue agent is not a state deputy building inspector or an immediate family member of a state deputy building inspector; and
- the potential issue agent is not related to or financially associated with any official of the Tennessee Department of Commerce and Insurance (or has received prior approval of the Department to apply); and
- the potential issue agent is at least eighteen (18) years of age; **or**
- the potential issue agent is a governmental entity or an electrical cooperative.

I/We hereby make application to be appointed an Residential Building Permit Issue Agent with the State of Tennessee, Department of Commerce and Insurance.

Signature: _____ Date: _____