



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

FOR OFFICE USE ONLY
LICENSE TYPE 4601
TRANSACTION TYPE 2010
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

Name
Street Address
City, TN Zip

**CERTIFICATE OF REGISTRATION RENEWAL NOTICE
FIRE PROTECTION SPRINKLER SYSTEM CONTRACTOR**

Your certificate of registration (No. _____) is due to expire on _____.

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

You may renew online at <http://core.tn.gov> or by mailing this form and payment of \$200 (made payable to the Department of Commerce and Insurance) at least 21 business days in advance of your expiration date. There is a \$100 late fee penalty if your recertification is not completed within 90 days of the expiration of your certification. Acting as a fire protection sprinkler system contractor without a valid certificate of registration is prohibited by state law and is a Class B misdemeanor.

Has your business location, mailing address, or phone number changed? Yes No

If yes, please provide the new information: _____

Has the ownership of the holder of the certificate of registration changed? Yes No

If yes, please complete the Application for Certificate of Registration – Fire Protection Sprinkler System Contractor as a change in ownership invalidates an existing certificate. Please note that a change in a corporation’s president or secretary must be reported in writing to the Department of Commerce and Insurance within fourteen (14) days. A revised certificate will not be required when such change is properly reported.

Has the name of the certificate holder changed? Yes No

If yes, please provide the new information: _____

Please note that a change in name must be reported in writing to the Department of Commerce and Insurance within fourteen (14) days. A revised certificate is required in the event of a change of a company’s name which does not include a company’s change of ownership.

Has your Responsible Managing Employee (RME) or list of RMEs changed? If yes, please list any new RME below with their license number(s). If you would like to remove an RME from your list of RMEs, please specify their name and license number(s) as well.

I prefer to receive email communication from the Department of Commerce and Insurance, Division of Fire Prevention, Permits and Licensing Section. Yes No

If yes, please provide your email address: _____



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Is this firm licensed to engage in fire protection sprinkler system work by the Tennessee Board for Licensing Contractors (CMC-D license)? Yes No If yes, please provide the CMC-D license number here: _____

Per Tenn. Code Ann. § 62-32-105, if the firm is licensed by the Tennessee Board of Licensing Contractors, provide a copy of that license. If the firm is not licensed by the Tennessee Board of Licensing Contractors, please provide evidence of execution of a surety bond payable to the State of Tennessee in the amount of \$10,000.00.

SIGNATURES. An application by an individual must be signed by that individual. An application by a partnership must be signed by each partner. An application by a corporation must be signed by the President and Secretary of the corporation.

By signing below, I certify that I am familiar with Tenn. Code Ann. Title 62, Chapter 32, Part 1, and the Rules and Regulations issued pursuant thereto. Authority is hereby granted to representatives of the Division of Fire Prevention to enter, examine, and inspect any premises, building, room or establishment used in connection with the certificate of registration for which I am applying to determine compliance with the provisions with Tenn. Code Ann. Title 62, Chapter 32, Part 1, and the Rules and Regulations issued pursuant thereto. Any false statements or material misrepresentation on this application shall be cause for refusal to issue or renew, or suspend or revoke a certificate of registration or license.

I attest under penalty of perjury that I am a United States citizen or a qualified alien pursuant to Tenn. Code Ann. § 4-58-102. I further attest that I understand that submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification, or other benefit issued to the applicant. A person who willingly makes a false, fictitious, or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, Tenn. Code Ann. §§ 4-18-101, *et seq.*

Name _____ Title _____
Signature _____ Date _____
Name _____ Title _____
Signature _____ Date _____
Name _____ Title _____
Signature _____ Date _____
Name _____ Title _____
Signature _____ Date _____