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: ___________________________________________________________
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 _________________________