



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

FOR OFFICE USE ONLY  
LICENSE TYPE 4602  
TRANSACTION TYPE 2010  
FILE NUMBER \_\_\_\_\_  
ENTITY NUMBER \_\_\_\_\_  
APPLICATION NUMBER \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, TN Zip \_\_\_\_\_

**LICENSE RENEWAL NOTICE – RESPONSIBLE MANAGING EMPLOYEE  
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 completed form and payment of \$75 (made payable to the Department of Commerce and Insurance) at least 21 business days in advance of your expiration date. There is a \$37.50 late fee penalty if your recertification is not completed within 90 days of the expiration of your certification (total fee: \$112.50).** Acting as a responsible managing employee for a fire protection sprinkler system contractor without a valid license is prohibited by state law and is a Class B misdemeanor.

Has your mailing address or phone number changed?  Yes  No

If yes, please provide the new information: \_\_\_\_\_

Have you changed the fire protection sprinkler system contractor for which you work?  Yes  No

If yes, please provide the following information:

Name of Business: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

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: \_\_\_\_\_

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 contact all references listed in the above questions. Any false statement 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_