



**Insurance Administration**  
500 James Robertson Parkway  
10<sup>th</sup> Floor  
Nashville, TN 37243-0574

## **Authorized Complex Rehabilitation Technology Supplier Compliance Certification**

Pursuant to Tennessee Code Annotated § 47-18-3402(h), each authorized complex rehabilitation technology supplier must certify its compliance with the applicable repair and service requirements of Tenn. Code Ann. § 47-18-3402.

I hereby certify that \_\_\_\_\_  
(Name of Supplier) (the “Company”)

is an authorized complex rehabilitation technology supplier as that term is defined in Tenn. Code Ann. § 47-18-3401. I further certify that the Company complies with the applicable repair and service requirements of Tenn. Code Ann. § 47-18-3402.

I certify that the information submitted on this certification is true and correct to the best of my knowledge and belief. I further certify that I am an authorized representative of, and familiar with the operations of, the Company. By submitting this certification, I acknowledge I am authorized to submit this certification on behalf of the Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Contact Email and Phone Number