



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
Insurance Division – Agent Licensing  
500 James Robertson Parkway  
Nashville, TN 37243-1134  
615 741-2693**

**LICENSING PROCEDURES  
FOR AUTOMOBILE CLUB AGENTS (MOTOR CLUB AGENTS)**

**Requirements for an Automobile Club (Motor Club) Agent License**

- (1) Completed, signed and notarized application
- (2) \$20.00 filing fee
- (3) Representative of the Club must sign and certify page 3 of application
- (4) Applicant must hold a current insurance license with the State of Tennessee OR provide a Personnel Selection Report/Criminal Background Check with application for licensure
- (5) Note: All Automobile Club Agent licenses will expire annually on June 30

**Duplicate License**

The commissioner may issue a duplicate license for any lost, stolen or destroyed license upon receipt of an affidavit of the licensee, concerning the facts of such loss, theft or destruction.

**Fees**

- (1) Application Filing Fee - \$20.00
- (2) Automobile Club Agent Renewal Fee - \$20.00

**Termination of Agent from Automobile Club**

- (1) Automobile Club must file a Termination Affidavit for Auto Club Agent License form
- (2) Affidavit must be completed and signed by a representative of the Auto Club
- (3) Form must be notarized

**Request for Forms**

Forms may be found on our website: [www.tn.gov/commerce/insurance](http://www.tn.gov/commerce/insurance) or send self addressed postage paid Envelope with request to:

Tennessee Department of Commerce and Insurance  
Agent Licensing Section  
500 James Robertson Parkway  
Nashville, TN 37243-1134

**NOTE: BY DEPARTMENTAL REQUEST, PLEASE ENCLOSE MONEY ORDER, CERTIFIED CHECK OR CASHIERS CHECK FOR LICENSING FEES.**



9. Has applicant ever been refused or had suspended or revoked a license to solicit automobile club, association memberships or insurance in any state Yes\_\_\_\_ No\_\_\_\_ If yes, give full explanation.

\_\_\_\_\_  
\_\_\_\_\_

10. Has applicant ever been convicted of, or are currently charged with a criminal offense? Yes\_\_\_\_ No\_\_\_\_ If yes, complete detail below and enclose copies of legal documentation and a written statement regarding offense(s).

Date of Offense\_\_\_\_\_ Offense\_\_\_\_\_

Time served in any penal institution: From \_\_\_\_\_ to \_\_\_\_\_ If more than one offense, list each offense separately.

\_\_\_\_\_  
\_\_\_\_\_

11. Name of current employer: \_\_\_\_\_

12. Automobile Club or Association you are making application to represent: \_\_\_\_\_

\_\_\_\_\_

I hereby certify upon my oath that all my answers supporting this application are true. Permission is granted to furnish the Tennessee Department of Commerce and Insurance a copy of the Personnel Selection Report.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State\_\_\_\_\_

County\_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My commission expires\_\_\_\_\_

**NOTE:**  
APPLICATION WILL NOT BE PROCESSED WITHOUT PROPER NOTARIZATION

To The Commissioner of the Department of Commerce and Insurance, State of Tennessee

In support of the attached application of \_\_\_\_\_  
name of applicant

for a license to solicit automobile memberships, \_\_\_\_\_  
name of automobile club or association

\_\_\_\_\_, hereby certifies that:

1. The applicant is a resident of the state of \_\_\_\_\_ and is at least 18 years of age.
2. The applicant is personally known to the official of the automobile club or association making this certification.
3. \_\_\_\_\_ has investigated the character and background of the applicant and is satisfied that he or she is trustworthy and qualified to act as a representative to solicit memberships in our automobile club or association in the State of Tennessee.
4. The applicant has read and is familiar with Title 55, Chapter 18, Automobile Clubs and Associations, Tennessee Code Annotated.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of Club or Association

\_\_\_\_\_  
Address of Automobile Club or Association

\_\_\_\_\_  
Phone Number

By: \_\_\_\_\_  
Name and Official Title

**NOTE:**

Unless applicant holds a current insurance producer license as a resident in the State of Tennessee, a **PERSONNEL SELECTION REPORT** must be attached to this application.

