APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Tennessee Department of Commerce and Insurance
Financial Affairs Section
PDDP Registration Analyst
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

For questions, call 615-532-1239 or 615-741-1670

SUPPLEMENTAL DOCUMENTATION FOR THE APPLICATION MAY BE EMAILED TO:

PDDP.Registration@tn.gov
Applicant Information:
Initial Application: ☐ Registration Renewal: ☐

Company Information:
PDDP Company Name: ________________________________
*D.B.A. Name(s): ________________________________
*(If applicable, attach separate sheet if necessary)

Company Address:
Address: ____________________________________________

City: ___________________________ State: ___________ Zip Code: ________________
Is this the mailing address? Yes ☐ No ☐ If No, provide mailing address below
Mailing Address: ____________________________________________

City: ___________________________ State: ___________ Zip Code: ________________
Company Phone Number: ____________________________ Fax Number: ________________

Company Contact Information:
Company Contact Name: ____________________________ Title: ____________________________
Contact email address: ____________________________

Registered Service of Process (SOP) Agent in the State of Tennessee
SOP Company Name: ________________________________
SOP Address: _______________________________________

City: ___________________________ State: ___________ Zip Code: ________________
SOP Contact Name: ________________________________

In order for your registration application to be complete, please attach the following materials to this registration form:
• A sample prescription drug discount card for each type of plan offered in Tennessee.
• A copy of the operator’s promotional and marketing materials that are distributed to prospective members.
• A list of drugs and drug classifications that make up the prescription drug discount plan or if the plan is open formulary, please advise in writing.

• A list of participating pharmacies and marketers.

**Certification:**

On behalf of the Operator, I, ________________________________, certify that all the information contained in this registration is true and accurate and that the promotional materials for the prescription drug cards and all other items requested in this registration are included herewith. Additionally, I certify that this prescription drug discount plan and all its materials and operations comply with Tenn. Code Ann § 56-57-101 et seq.

________________________________
Officer of Director Signature

________________________________
Officer or Director Printed Name

________________________________
Title

________________________________
Date

________________________________
Notary Public

________________________________
Date

My Commission Expires: ________________________________