RENEWAL FORM
PEO/Staff Leasing Licensee

License Number: ______________
Expiration Date: ______________

CHANGE OF ADDRESS:

Licensee Name: _____________________________________
Contact Person: _____________________________________
Address: _____________________________________
Phone: _____________________________________
Email: _____________________________________

RENEWAL APPLICATION INSTRUCTIONS:

1. On or before the expiration of its license, the licensee shall deliver to
   the Commissioner this renewal form, and all documentation and fees
   that are a prerequisite to the renewal. Licenses shall be subject to
   late renewal for a period of up to six (6) months following their
   expiration date by provision of all required documentation, and
   payment of the renewal fee.

2. The application shall be accompanied by the financial information
   required by T.C.A. § 62-43-106.

3. Complete the affidavit accompanying this renewal form as prescribed.

License Type and Renewal Fee (select one):

- PEO/Staff Leasing Company - $2,000
- PEO/Staff Leasing Group - $4,000
- Restricted PEO/Staff Leasing Company - $500
- Restricted PEO/Staff Leasing Group - $1,000

TOTAL RENEWAL FEE DUE: ____________________ [ DEPOSIT CODE: CI675 – 621/380 ] [ 335 02 10600 ]
(AMOUNT ENCLOSED)

RETURN THIS FORM WITH BOTH PAGES COMPLETED AND ACCOMPANIED WITH PROPER PAYMENT.
Pursuant to Administrative Rule 0780-5-8-.03(2), “An applicant shall disclose any criminal conviction, except for minor traffic and driving under the influence of a controlled substance convictions, on the application form. If an applicant is a corporation, partnership, or limited liability corporation, any convictions of any controlling person shall be disclosed on the application.” (Attach additional pages if needed):

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

AFFIDAVIT

How many Tennessee employees are currently leased by the PEO/Staff Leasing Company? ____________

Pursuant to Administrative Rule 0780-5-8-.04, I certify that the licensee is in compliance with all the requirements of T.C.A. §§ 62-43-108, 62-43-109 and 62-43-113 through 62-43-120 and the rules promulgated thereunder.

CONTROLLING PERSON NAME (PRINT)

____________________________

SIGNATURE

____________________________

STATE OF ______________________________

COUNTY OF ____________________________

SWORN TO AND SUBSCRIBED BEFORE ME THIS ________ DAY OF ________________, 20_________.

NOTARY PUBLIC ______________________

MY COMMISSION EXPIRES _______________