STATE OF TENNESSEE
DEPARTMENT OF COMMMERCE AND INSURANCE
DETECTION SERVICES LICENSING PROGRAM
ALARM SYSTEMS CONTRACTORS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1168
615.741.9771 FAX: 615.532.2965
http://regboards.tn.gov

Change of Address Form

Please complete the following information (please type or print) and mail or fax to this office

- ☐ **Alarm Systems Contractor (Company Address Change)**
- ☐ **Alarm Qualifying Agent (Home Address Change)**
- ☐ **Alarm Employee Registration (Home Address Change)**

Company/Individual Name_____
Name of Company or Individual

License/Registration Number_____

Previous Address_____
Suite #

_____
City State Zip Code

New Address_____
Suite #

_____
City State Zip Code

_____
Area Code & Phone Number

_____ _____
Area Code & Fax Number Effective Date

Email Address: _____

_____ _____
Signature of Company Representative Date Signed

_____ _____
Signature of Licensee or Employee Registrant Date Signed