



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 DIVISION OF REGULATORY BOARDS  
 ALARM SYSTEMS CONTRACTORS BOARD  
 500 JAMES ROBERTSON PARKWAY, 2ND FLOOR  
 NASHVILLE, TN 37243-1168  
 TEL: (615) 741-9771 FAX: (615) 532-2965

# APPLICATION FOR EXCLUSION FROM ALARM CONTRACTOR CERTIFICATION AND LICENSURE REQUIREMENTS

T.C.A. §62-35-305(7)

\_\_\_\_\_  
 Name of Licensed Electrical, Mechanical, or HVAC Contractor as it appears on the certificate

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Name of Owner or Responsible Individual

\_\_\_\_\_  
 City State ZIP Code Phone Number/FAX Number E-mail Address (If Available)

## ALARM SYSTEMS CONTRACTORS BOARD AFFIDAVIT OF EXCLUSION FROM CERTIFICATION AND LICENSURE REQUIREMENTS

I, \_\_\_\_\_, of \_\_\_\_\_, after being duly  
Name of Individual in Responsible Charge of Company Name of Contracting Company

sworn, deposes and says: \_\_\_\_\_, is an electrical, mechanical, or HVAC  
Individual or Company Name  
 contractor licensee of the State Board for Licensing Contractors. The license number of the company is

\_\_\_\_\_. A photocopy of the license certificate is attached, \_\_\_\_\_,  
License Number Individual or Company Name  
 derives less than fifty percent (50%) of its gross annual revenue from the sale, installation, service and  
 monitoring of burglar alarm systems, fire alarm systems, and closed circuit television systems.

FURTHER, Affiant saith not.

\_\_\_\_\_  
*Affiant Signature*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.