

HOME IMPROVEMENT
500 JAMES ROBERTSON PKWY NASHVILLE, TN
37243-1140
TELEPHONE: 800-544-7693; (615) 741-8307 OR FAX: (615) 532-2868
<https://www.tn.gov/commerce/regboards/contractors.html>

HOME IMPROVEMENT CHANGE REQUEST

LICENSE ID# 000 _____

NO FEE REQUIRED

Type of Change Requested

Change in Mode of Operation:

From: ___Sole Proprietor ___Corporation ___LLC ___Partnership
To: ___Sole Proprietor ___Corporation ___LLC ___Partnership

Change in Name

Change in Officers

***Change in Ownership**

*Note: A change in ownership of 25% or more, requires a new license application with \$250.00 fee; do not complete this form!

Other: _____

CURRENT LICENSED NAME: _____

***NEW NAME**

REQUESTED: _____

**(Check to ensure another company does not have this license)*

ADDRESS: _____

(Address Change: ___ NO ___ YES – Make changes above)

(If listing a P.O. Box, also include the physical address)

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE : (____) _____ - _____ ; **CELL**: (____) _____ - _____ **FAX**: (____) _____ - _____

Email: _____ **FEIN Tax ID#** _____

Mode of Operation: ___Sole Proprietor ___Partnership ___*Corporation ___*LLC

*Corporation's and LLC's must be "active with the Secretary of State. Check status at: <https://sos.tn.gov/>

Name	Title	SS#	% of Ownership
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To accommodate name changes on the license, the following are required:

___ Not Applicable – The name and mode remains the same as license originally issued.

1. ___ **Yes** ___ **No** Revised proof of insurance attached, with a minimum coverage of \$100,000? (If “No”, license cannot be revised.)

2. ___ **Yes** ___ **No** **Disclosure - Check “Yes” if any of the below are applicable to owners/officers:**

- Have you been convicted of a felony?
- Have you become involved in litigation, and/or had judgments/liens rendered in the field of home improvement?
- Have you had a license revoked or suspended (from any State)?

If “Yes” is answered to any of these questions, please attach an explanation and/or court documents. Failing to disclose information is a violation of law, where disciplinary action may be imposed. (See T.C.A. § 62-6-509)

3. ___ **Yes** ___ **No** If there is a change in the mode of operation or name, please provide a revised form of financial responsibility or rider, to cover projects under the new name, for one of the following:

___ **\$10,000 Surety Bond with “Power of Attorney” is on file as continuous or attached Name of Insurance/Bonding Company:** _____
Expiration Date: _____ **Bond Number:** _____
 ___ **Irrevocable Letter of Credit / Expiration Date:** _____

(Notice: A bond/letter of credit cannot be released until one year after inactivity)

5. This is to acknowledge, I have read the questions pertaining to the revision for home improvement license and answered true and correctly.

<u>Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_ / _ / _
_____	_____	_ / _ / _
_____	_____	_ / _ / _
_____	_____	_ / _ / _

Send to:

Mailing Address:

**Home Improvement
 500 James Robertson Parkway
 Nashville, TN 37243-1140**

Please allow
 5 to 7 business
 days for mail
 delivery!

You will be sent an acknowledgment letter to confirm receipt. A revised certificate will be issued if name as license is changed.