



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS**

Mailing Address: 500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1150
TELEPHONE: 800-544-7693 OR (615) 532-3985 OR FAX (615) 532-2868
[http://tn.gov/commerce/boards/contractors/
Contractor.Renewal@tn.gov](http://tn.gov/commerce/boards/contractors/Contractor.Renewal@tn.gov)

LOWER LIMIT REQUEST

1. Contractor's License ID# 000 _____
2. Contractor's License Name: _____
3. I agree to lower the contractor's license monetary limit to \$ _____

I understand that by agreeing to lower the monetary limit of the contractor's license, in order to obtain a future increase, this licensed entity must complete the license revision increase request, which requires a "Reviewed" or "Audited" financial statement prepared by an actively licensed CPA/PA. A revision request must be reviewed by the Board at their regularly scheduled meetings before the limit may be increased.

Name: _____
(Print name of authorized owner/officer) (Title)

*Signature: _____
(Date)

**Must be signed by an Owner, Officer or other individual fully authorized to bind and obligate the entity to the terms of this document.*

Note: Contractor's not currently performing work may place the license in retirement (inactive status) in lieu of completing the renewal process. See website for retirement application and instructions.