Tennessee Board for Licensing Contractors
Mailing Address: 500 James Robertson Pkwy.
Nashville, TN 37243-1150
Telephone: 800-544-7693 or Fax: (615) 532-2868
Email: Contractor.Renewal@tn.gov

TN Department of Commerce & Insurance

NOTICE - QUALIFYING AGENT REMOVAL

LICENSE INFORMATION:

License ID# 000_____

License Name:_____

Address:_____

City, State and Zip:_____

QUALIFYING AGENT (QA) INFORMATION:

Name: _____ SS#: _____

Address:_____

_____

Designated Classification:

__Residential (BC-A) __Commercial (BC-B) __Small Commercial (BC-b{sm}

__BC (Residential, Commercial & Industrial) __Industrial (BC-C) __Electrical (CE) __Plumbing (CMC-A)

__HVAC (CMC-C) __Full Mechanical (CMC)-Plumbing/ HVAC __Fire Sprinkler

__Specialty:_____

Other:_____

Last Day of Employment: _____/_____/_____
Month Day Year

This is to acknowledge I am no longer acting as the qualifying agent of the above referenced contractor.

_____ _____
Signature Date

Note: You may send this notice to the above mailing address, fax or email.

(Rev. 6/18)