



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
PRIVATE PROBATION SERVICES COUNCIL
NASHVILLE, TENNESSEE 37243
615-741-1741 FAX 615-253-1179**

Web address: <http://www.tn.gov/commerce/regboards/privatepro.html>

QUARTERLY PROVIDER FEE

Pursuant to Administrative Rule 1177-1-.08, each licensee shall pay a quarterly provider fee to the Private Probation Services Council in the amount of **seventy five cents (\$0.75)** per quarter for every person reported on the case load for that respective quarter. The provider fee is due on **May 20th, August 20th, November 20th and February 20th**.

Please mark the current calendar quarter for which you are paying and fill in each blank accordingly. You **must** also enter your license number at the upper right hand corner so the fees are properly allocated. Thank you.

Calendar year: _____

_____ May 20th _____ x \$0.75 quarterly provider fee = _____
(Total assigned to case load) (Total)

_____ August 20th _____ x \$0.75 quarterly provider fee = _____
(Total assigned to case load) (Total)

_____ November 20th _____ x \$0.75 quarterly provider fee = _____
(Total assigned to case load) (Total)

_____ February 20th _____ x \$0.75 quarterly provider fee = _____
(Total assigned to case load) (Total)

APPLICANT'S AFFIDAVIT

I CERTIFY THE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name: _____

Company Name: _____

TN Private Probation Services License # _____

CEO's Signature

Sworn and subscribed to before me this _____ day of _____, 20__.

Notary Public _____

My Commission Expires: _____

***Any misrepresentation may result in disciplinary action against a licensee on renewal. Please note this Council has the authority to review or investigate any information provided pursuant to T.C.A. §16-3-909.**