



Tennessee Bureau of Investigation
Sexual Offender / Violent Sexual Offender /
Violent Juvenile Sexual Offender
Registration/Verification/Tracking Form



☐ Previously Registered ☐ Initial Registration
☐ Annual Reporting ☐ Quarterly Reporting ☐ Information Update

Please Print or Type all Information

SECTION A – Registrant Information:

Name: _____ DOB: _____ SSN: _____
Alias(es): _____ City of Birth: _____ State/Country of Birth: _____
Driver License # _____ State _____ Government ID # _____ Photocopy Made: ☐ Yes ☐ No
TOMIS #: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Scars, Marks, Tattoos: _____

SECTION B – Primary Address:

P. O. BOX NOT ACCEPTABLE

Street _____ Apt/Lot # _____
City _____ County _____ State _____ Zip Code _____
Phone #: _____ Start Date: _____
Minors residing at residence? ☐ Yes ☐ No
☐ Resident of Nursing Home/Assisted Living ☐ Homeless
Agency to be notified: _____
Country: _____

Secondary Address or Place of Physical Presence:

P. O. BOX NOT ACCEPTABLE

Street _____ Apt/Lot # _____
City _____ County _____ State _____ Zip Code _____
Phone #: _____ Start Date: _____
Minors residing at residence? ☐ Yes ☐ No End Date: _____
☐ Resident of Nursing Home/Assisted Living ☐ Homeless
Agency to be notified: _____
Country: _____

Mailing Address:

Street _____ Apt/Lot # _____
P. O. Box _____
City _____ County _____ State _____ Zip Code _____
Country: _____

Closest Living Relative:

Name: _____
Street _____ Apt/Lot # _____
City _____ County _____ State _____ Zip Code _____
Country: _____

SECTION B – Offender's complete electronic mail address information, any instant message, chat, or other Internet communication name or identity information:

SECTION C – Vehicle, Mobile Home, Trailer, or Manufactured Home:

VIN #: _____ Registered to: _____
License Tag #: _____ State: _____
Description (color/make/model): _____

Vessel, Live-Aboard Vessel, or Houseboat:

Hull ID#: _____ Name of Vessel: _____
Registration #: _____ Registered to: _____
Description (color/make/model): _____

SECTION D – Campus Activity: ☐ **Student** ☐ **Employee** ☐ **Volunteer** Start Date: _____ End Date: _____

University/School: _____ Campus: _____ Agency to be Notified: _____

SECTION E – Employment: ☐ **Employed** ☐ **Self-Employed** ☐ **Unemployed** Type of Employment: _____

Employer 1: _____ Contact: _____ Phone #: _____ Start Date: _____

Address: _____ End Date: _____

Street _____ City _____ County _____ State _____ Zip _____

Employer 2: _____ Contact: _____ Phone #: _____ Start Date: _____

Address: _____ End Date: _____

Street _____ City _____ County _____ State _____ Zip _____

Agency to be Notified: Employer 1 _____ Employer 2 _____

SECTION F – Offense Information:**Date of Offense:** _____ **Conviction Offense:** _____ **Offense Location (County & State):** _____ **Victim:** _____

1. _____ Number of Victims: _____

(Victim 1: Minor ___ Age ___ Sex ___ Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___)

2. _____ Number of Victims: _____

(Victim 1: Minor ___ Age ___ Sex ___ Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___)

3. _____ Number of Victims: _____

(Victim 1: Minor ___ Age ___ Sex ___ Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___)

Release Date: _____ **Type of Release:** _____☐ State Probation; what state? _____ ☐ State Parole; what state? _____ ☐ Interstate Compact☐ Private Probation ☐ County Probation; what county? _____ ☐ County Jail; what county? _____☐ Federal Correctional Facility ☐ Another State Correctional Facility☐ Federal Probation ☐ Federal Supervised Released☐ Expiration of Sentence – No Supervised Release ☐ Expiration of Sentence to Lifetime Supervision**SECTION G – Parole/Probation Officer (or person responsible for supervision):**

Name/Title: _____ Phone #: _____

Parole/Probation Office: _____ Office Street Address: _____

City: _____ State: _____ County: _____ Zip: _____ Agency to be Notified: _____

SECTION H – Classification:☐ Sexual Offender ☐ Sexual Offender and Offender Against Children
☐ Violent Sexual Offender ☐ Violent Sexual Offender and Offender Against Children
☐ Violent Juvenile Sexual Offender ☐ Violent Juvenile Sexual Offender and Offender Against Children**Status:**☐ Active ☐ Inactive – Incarcerated
☐ Active – Incapacitated ☐ Inactive – Moved to Another State
☐ Active – Resides out of State, Employed in TN ☐ Inactive – Deported

SECTION I – PLEASE READ CAREFULLY BEFORE SIGNING:

_____ I acknowledge that registry requirements and my current classification are subject to change based on changes in the TN SOR law or based on additional conviction information that may be obtained by TBI.

Tennessee Code Annotated 39-16-702(b)(3): a person who, with the intent to deceive, makes any false statement on the TBI Registration Form is guilty of the felony offense of perjury.

Printed Name of Offender

Signature of Offender

Date and Time Signed

Printed Name of Reporting Officer

Signature of Reporting Officer

Date and Time Signed

SECTION J – Contributing Agency Information (Please Print Legibly)

Agency Name: _____ Reporting Officer: _____

Agency Address: _____
Street Address City County State Zip

Phone #: () _____ Fax #: () _____

Criminal History Run: FBI # _____ SID # _____

Photographed? Yes ☐ No ☐

Fingerprinted? Yes ☐ No ☐

DNA Collected? Yes ☐ No ☐