



STATE OF TENNESSEE  
**HIGHER EDUCATION COMMISSION**  
312 ROSA L. PARKS AVE., 9TH FLOOR  
NASHVILLE, TENNESSEE 37243-1102

## APPLICATION FOR AGENT PERMIT

This application must be submitted for all **part-time employees who are agents** of authorized postsecondary educational institutions. An agent is a person who represents a postsecondary educational institution for payment, who solicits in any form and enrolls, or seeks to enroll, a student for education offered by an authorized institution, or offers to award educational credentials, for remuneration, on behalf of any such institution. Persons owning an interest in an institution and the institution's full-time employees and directors shall not be considered agents. See [Tenn. Code. Ann. § 49-7-2003\(1\)](#).

This application must be completed in its entirety with the appropriate signatures, attachments and fees. Incomplete applications will not be processed. Staff assistance with completing this application is available at (615) 741-5293.

GENERAL INFORMATION			
<input type="checkbox"/>	Initial Application	<input type="checkbox"/>	Renewal Application
Institution Name:			
DPSA Institution Code (Applicable if Previously Authorized):			
Physical Location Address			
Address:			
City:	State:	ZIP:	County:
Mailing Address (This address is used if the institutions is unable to receive mail at the physical location.)			
Address:			
City:	State:	ZIP:	
INSTITUTION CONTACT DATA			
Name of the Institutional Director:			
Direct Telephone Phone No.:		Cell Phone No.:	
Email:			
CONTACT PERSON FOR THIS APPLICATION			
Name:			
Address:			
City:	State:	ZIP:	County:
Telephone No.:		Cell Phone No.:	
AGENT INFORMATION			
Name:			
Address:			
City:	State:	ZIP:	
Home Telephone No.:		Cell Phone No.:	
Gender:		Height:	

<b>Age:</b>	<b>Color of Hair:</b>		
<b>Color of Eyes:</b>	<b>Race:</b>		
<b>Date of Employment by this institution (mm/dd/yyyy):</b>			
<b>Will the applicant have duties with this institution other than soliciting prospective students?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, briefly describe these duties:</b>  			
<b>Will the applicant act as an agent for any other location of this institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, list locations and DPSA Institution Codes:</b>			
<b>Does the applicant hold a license / permit or has the applicant ever held a license / permit to solicit students for any other institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, provide the following information:</b>			
<b>Name of Institution</b>	<b>City, State</b>	<b>Dates License or Permit Held From</b>	<b>Date License or Permit Held To</b>
<b>Is the applicant also employed as an agent for another institution or business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please list the Institution or business name:</b>			

<b>ADDITIONAL APPLICANT INFORMATION</b>	
<b>Has the applicant ever been discharged from a position as an agent from any postsecondary educational institution?</b> (If yes, attach an explanation). <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has the applicant ever been arrested, indicted, convicted of or pled guilty to a violation of any law excluding minor traffic violations?</b> (If yes, attach an explanation). <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has the applicant ever been found guilty of a felony or any crime involving moral turpitude, been found guilty or had any sanctions against the applicant from any state or government agencies?</b> (If yes, attach an explanation). <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ATTACHMENT CHECKLIST

The items in the checklist must be submitted in order for the application to be complete. Refer to [Rule Chapter 1540-01-02](#) for additional information. Do not submit this application for review without any of the following required attachments.

<b>FEE AND DOCUMENTATION REQUIRED FOR THIS APPLICATION</b>	
<input type="checkbox"/>	1. <b>AGENT APPLICATION FEE OF \$500 OR RENEWAL FEE OF \$250</b> –Payment and filing instructions are explained at the end of this application. Please note that payment must be received in order for your application to be reviewed. Submit a copy of the paid invoice with your application.
<input type="checkbox"/>	2. <b>PASSPORT PHOTOS</b> – Attach two (2) passport-sized photos. No copier or digital pictures will be accepted. <i>Print the name of the agent on the back of each photo.</i>
<input type="checkbox"/>	3. <b>CERTIFICATES OF MORAL CHARACTER</b> – Attach two (2) Certificates of Moral Character (use form provided), each signed by a person who has known the applicant for at least one (1) year and is not a relative or associated with the institution. This item <u>only</u> applies to initial Agent Applications.
<input type="checkbox"/>	4. <b>AGENT SURETY BOND</b> – Out-of-state institutions must obtain an agent surety bond in the amount of \$5,000 per agent. Please attach the surety bond ( <a href="#">use form on website</a> ) or provide written verification from the bonding company that the applicant is covered. <a href="#">Refer to Rule Chapter 1540-01-02-.07(9)</a> .
<input type="checkbox"/>	5. <b>ADDITIONAL APPLICANT INFORMATION</b> – If you answered “yes” to any of the questions under the “Additional Applicant Information” section, provide an explanation for each affirmative answer.

### Statement of Applicant:

- I hereby certify that I have read [Rule Chapter 1540-01-02](#) in its entirety, including Rule 1540-01-02-.16 and .20. I will act in accordance with and abide by these rules as described. I understand that any violation of Tennessee law pertaining to postsecondary institutions may result in fines of up to \$500 per day for each violation.
- I also hereby certify that the information given on this application and attached hereto is correct and complete to the best of my knowledge.

Signature:

Name:

Title:

Date:

### Statement of Institutional Director:

- I have checked the information above and believe that the statements are true and accurate and that the applicant is of good moral character.

Signature:

Name:

Title:

Date:

This Application for Agent Permit and supporting documentation must be submitted to the Division of Postsecondary State Authorization (DPSA) as explained at <https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/dpsa-links-and-forms.html>.

To pay fees by credit card or debit card create an invoice at the [Create Invoice and Payment Receipt](#) link and complete the payment process. If you are unable to pay using a credit card or debit card, please send an email to [julie.woodruff@tn.gov](mailto:julie.woodruff@tn.gov) and include in the subject line the full name of your institution and, if applicable, the institution code.

**KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.**

**Certificate of Moral Character**

*(Two certificates to be attached to each initial Agent Permit Application)*

*This is to certify that I, the undersigned, am personally acquainted with \_\_\_\_\_,  
(Name of Applicant)*

*who resides at \_\_\_\_\_.  
(Address, City, State, ZIP)*

*To my knowledge this person has never been arrested, indicted, convicted of or pled guilty to a violation of any law excluding minor traffic violations or declared by any court of competent jurisdiction to have committed any crime of moral turpitude, including fraud. I know this person to be honest, truthful, of good moral character, and also to be a good citizen. I can recommend this person as being entirely worthy to be eligible for a license to solicit students for*

\_\_\_\_\_  
*(Name of Institution)*

*I am willing to answer any questions that you may ask in regard to the applicant mentioned above and will treat any such communication as confidential information.*

*I have known the applicant for approximately \_\_\_\_\_ years.*

*I also certify that I am not a relative of the applicant nor associated with the institution named above.*

**Signature:**

**Print Name:**

**Address of Residence**

*(City, State, ZIP)*

**NOTARY**

I certify that the above individual appeared before me and signed this application:

Sworn and subscribed before me on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires

**Duplicate as necessary**