



TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

RENEWAL FORM
PEO/Staff Leasing Licensee

LICENSE NUMBER: _____
EXPIRATION DATE: _____

CHANGE OF ADDRESS:

Licensee Name: _____
Contact Person: _____
Address: _____
Phone: _____
Email: _____

RENEWAL APPLICATION INSTRUCTIONS:

1. On or before the expiration of its license, the licensee shall deliver to the Commissioner this renewal form, and all documentation and fees that are a prerequisite to the renewal. Licenses shall be subject to late renewal for a period of up to six (6) months following their expiration date by provision of all required documentation, and payment of the renewal fee.
2. The application shall be accompanied by the financial information required by T.C.A. § 62-43-106.
3. Complete the affidavit accompanying this renewal form as prescribed.

License Type and Renewal Fee (select one):

- PEO/Staff Leasing Company - \$2,000
- PEO/Staff Leasing Group - \$4,000
- Restricted PEO/Staff Leasing Company - \$500
- Restricted PEO/Staff Leasing Group - \$1,000

TOTAL RENEWAL FEE DUE: _____ [DEPOSIT CODE: C1675 – 621/380] [335 02 10600]
(AMOUNT ENCLOSED)

RETURN THIS FORM WITH BOTH PAGES COMPLETED AND ACCOMPANIED WITH PROPER PAYMENT.

DEPARTMENT OF COMMERCE AND INSURANCE
PEO/Staff Leasing Licensee

MAKE CHECK PAYABLE TO THE **TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.**

SEND TO:

TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE
INSURANCE DIVISION - PEO/STAFF LEASING
500 JAMES ROBERTSON PKWY
NASHVILLE, TN 37243

TOTAL RENEWAL FEE DUE: _____ [DEPOSIT CODE: C1675 – 621/380] [335 02 10600]
(AMOUNT ENCLOSED)

Staff Leasing Company Renewal Application

Licensee: _____ License#: _____ Expiration Date: _____

Pursuant to Administrative Rule 0780-5-8-.03(2), "An applicant shall disclose any criminal conviction, except for minor traffic and driving under the influence of a controlled substance convictions, on the application form. If an applicant is a corporation, partnership, p or limited liability corporation, any convictions of any controlling person shall be disclosed on the application." (Attach additional pages if needed):

AFFIDAVIT

Number of employees currently working in the State of Tennessee (check appropriate category):

0 to 50 _____
More than 50 _____

Pursuant to Administrative Rule 0780-5-8-.04, I certify that the licensee is in compliance with all the requirements of T.C.A. §§ 62-43-108, 62-43-109 and 62-43-113 through 62-43-120 and the rules promulgated thereunder.

CONTROLLING PERSON NAME (PRINT)

SIGNATURE

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____ .

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____