



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
 DETECTION SERVICES LICENSING PROGRAM
 ALARM SYSTEMS CONTRACTORS
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TN 37243
 TEL: (615) 741-9771 FAX: (615) 532-2965

APPLICATION FOR EXCLUSION FROM ALARM CONTRACTOR CERTIFICATION AND LICENSURE REQUIREMENTS

T.C.A. §62-35-305(7)

 Name of Licensed Electrical, Mechanical or HVAC Contractor as it appears on the certificate

 Mailing Address

 Name of Owner or Responsible Individual

 City

 State Zip Code

 Phone Number/Fax Number

 Email Address (If Available)

ALARM SYSTEMS CONTRACTORS AFFIDAVIT OF EXCLUSION FROM CERTIFICATION AND LICENSURE REQUIREMENTS

I, _____, of _____, after being duly
 Name of Individual in Responsible Charge of Company Name of Contracting Company

sworn, deposes and says: _____, is an electrical, mechanical, or HVAC
 Individual or Company Name

contractor licensee of the State Board of Licensing Contractors. The license number of the company is _____.
 License Number

A photocopy of the license certificate is attached, _____ derives less than
 Individual or Company Name

fifty percent (50%) of its gross annual revenue from the sale, installation, service, and monitoring of burglar alarm systems, fire alarm systems, and closed circuit television systems.

FURTHER, Affiant saith not.

 Affiant Signature

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

 Notary Public

My commission expires on the _____ day of _____, 20____.