



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS**

500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
TELEPHONE: 800-544-7693 OR (615) 741-8307 OR FACSIMILE (615) 532-2868
www.state.tn.us/commerce/boards/contractors

REPORT CHANGE

Contractor Pre-Licensing Course Provider

Should you have changes, please notify the Board in writing with the revised information. There is not a fee to make revisions. If the bond is canceled, the course approval is considered void or denied, until a new bond is in place.

If you have any questions, feel free to contact the Board at (615) 741-1202 or by email at: Carolyn.Lazenby@state.tn.us



State of Tennessee
 Department of Commerce & Insurance
 Board for Licensing Contractors
 500 James Robertson Pkwy., Suite 110
 Nashville, TN 37243-1150
 Telephone: (615) 741-8307 Fax: (615) 532-2868

REPORT CHANGES

Contractor Pre-Licensing Course Provider

Provider's Name: _____ ID# _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ - _____; **Fax:** (____) _____ - _____

Email: _____

Website: ___ No ___ Yes - www. _____

Delivery of Course: (check all that apply) ___ **Changes** ___ **No Change to Report**

___ Classroom ___ Internet/Web ___ DVD ___ Books and Materials ___ Other- _____

___ **Changes** ___ **No Change to Report**

Subject <i>(Attach Course Outline)</i>	Instructor <i>(Attach Resume)</i>	Length <i>(Hours)</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(May submit attachments if more than four (4) courses)

Check Item(s) to Report Changes and Include Applicable Attachment

- ___ **- Materials:** *(Please submit materials you wish to have approved)*
- ___ **- Promotion:** *(Please submit copies of advertisements/ brochures)*
- ___ **- Surety Bond:** *(Please attach \$50,000 surety bond in the Board's format)*
- ___ **- Schedule of Classes and Office Locations:** *(Please attach schedule and address of each facility)*
- ___ **- Cancellation/Reschedule Policy:** *(Please attach policy to make up classes)*

_____ *Print Name*

_____ *Signature*

_____ *Date*

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PRE-LICENSING COURSE PROVIDER SURETY BOND

Bond # _____

BE IT KNOWN, that _____
(Name of Course Provider)

of _____,
(Mailing and Physical Address)

As principal, and

(Name of Surety Company)

as surety, are held and firmly bound unto the State of Tennessee, for the benefit of all owners, as defined by *Tennessee Code Annotated*, Title 62, Chapter 6, undertaken by the principal in the full and just sum of fifty thousand dollars (\$50,000.00) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden principal has applied to the Board for Licensing Contractors for approval to provide contractor pre-licensing courses; and

WHEREAS, under the provisions of Title 62, chapter 6, Part 138 of Tennessee Code Annotated, and as amended, and Rule 0680-5, the principal is required to file this bond in order to obtain approval to act as a contractor pre-licensing course provider.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, if the above bounden principal shall comply in all respects with Title 62, Chapter 6, Part 138 of Tennessee Code Annotated, and the regulations promulgated thereto 0680-5, then this obligation shall be void otherwise to remain in full force and effect.

FURTHER, this bond is to be responsible for damages arising from principal failing to provide services after receiving payment, if such service was paid prior to any inactivation, expiration or revocation of the provider's approval.

This bond shall become effective on the _____ day of _____, 20____, and shall be continuous; however, each renewal period or portion thereof shall constitute a new bond term. Regardless of the number of years this bond may remain in force, the liability of the surety SHALL not be cumulative, and the aggregate liability of the surety for any and all claims, suit or action under this bond shall not exceed the sum of \$50,000.00. The surety may cancel this bond by giving ninety (90) days notice to the Tennessee Board for Licensing Contractors and principal by certified mail of such cancellation, it being understood that surety shall not be relieved of liability that may have accrued under this bond prior to the date of cancellation.

Witness our hands and official seals this _____ day of _____, 20____.

NAME OF COMPANY (Course Provider)

NAME OF SURETY

SIGNATURE OF PRINCIPAL (Owner)

ADDRESS OF SURETY

DATE: _____

NAME OF SURETY AGENT

(SEAL)

SIGNATURE OF SURETY AGENT

ADDRESS OF SURETY AGENT

THE BOND IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF TITLE 62, CHAPTER 6; OF *TENNESSEE CODE ANNOTATED*. SHOULD THERE BE ANY CONFLICT WITH THE TERMS THEREOF, AND THE STATUTE, THE STATUTE OR REGULATION SHALL PREVAIL.

(POWER OF ATTORNEY FROM AN APPROVED INSURANCE COMPANY MUST BE ATTACHED)

