

**ADDENDUM TO TENNESSEE PRIVATE INVESTIGATION LICENSE APPLICATIONS
[FOR RECIPROCAL LICENSE APPLICANTS ONLY]**

_____ Last Name **[please print]** _____ First Name _____ Middle Name or Initial

- List any and all license(s) or registration(s) currently held by you. Include the license or registration number(s), the date(s) of licensure or registration and the expiration date of the current license(s) or registration(s). (Attach additional pages if necessary)
- Have you read and do you agree to comply with all provisions of the rules and regulations governing private investigators and private investigation companies in the State of Tennessee? Yes _____ No _____
- Do you agree to cooperate fully with any investigation initiated by the Tennessee Private Investigation and Polygraph Commission? Yes _____ No _____
- Do you agree to personally appear before the Commission should the Commission deems it necessary to interview you regarding any aspect of your application or regarding any complaint that may be filed against you as a result of your private investigation activities in the State of Tennessee? Yes _____ No _____
- Has the license or registration which you currently hold as a private investigator or private investigation company in your state of residence been suspended and/or revoked at any time during the ten (10) year period immediately preceding the date of this application? Yes _____ No _____
- Do you understand and agree to comply with the Continuing Professional Education requirements in the State of Tennessee. Yes _____ No _____

I affirm under the penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct and complete.

KNOW ALL MEN BY THESE PRESENTS:

That the individual, being an applicant for a license as a non-resident Private Investigator and/or Private Investigation Company in the State of Tennessee, does hereby irrevocably consent, stipulate and agree that any suits or actions arising out of the applicant's private investigative activities in the State of Tennessee may be commenced against such applicant in the proper court of any county of the State of Tennessee by the service of any process or pleadings upon the Administrator of the Arkansas Board of Private Investigators and Private Security Agencies, or the Administrator of the Kentucky Board of Licensure for Private Investigators. The undersigned does hereby further consent that such service of process or pleadings on said Administrator shall be taken and held in all courts to be valid and binding as if the service had been made upon said applicant in the State of Tennessee.

Signature

Date

Signed at _____
Address City State Zip

I, _____, a Notary Public, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purpose therein set forth. Witnessed by my hand and official seal the _____ day of _____, 20__.

{Seal} Notary Public _____
My Commission Expires _____