



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
DIVISION OF FIRE PREVENTION  
ADMINISTRATIVE SERVICES SECTION  
PERMITS AND LICENSING UNIT  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TENNESSEE 37243-1159  
PHONE (615) 741-1322—FAX (615) 741-1583

## REQUIREMENTS TO BECOME A REGISTERED FIRE SPRINKLER CONTRACTOR

The procedures for qualifying as a registered Fire Sprinkler Contractor are listed below:

1. Submit to this office a completed application with a check or money order made payable to the Department of Commerce and Insurance for six hundred dollars (\$600.00). (Please note that one hundred dollars (\$100.00) is a non-refundable fee and five hundred dollars (\$500.00) is a first time issuance fee.)
2. Pursuant to Tenn. Code Ann. §62-32-105, obtain one of the following:
  - A. A Surety Bond executed by the applicant and a surety company authorized to do business in this state, made payable to the State of Tennessee, Department of Commerce and Insurance in the amount of ten thousand dollars (\$10,000.00).
  - OR**
  - B. A certificate from the Board of Contractors showing that the applicant is licensed to engage in fire sprinkler system work under Tenn. Code Ann. §62-32-105 (2) (C).
3. Each firm must have at least one (1) Responsible Managing Employee licensed by this office and employed by the contractor according to Tenn. Code Ann. §62-32-104.
4. No person shall be eligible for registration who is not at least eighteen (18) years of age pursuant to Tenn. Code Ann. §62-32-107(d).

According to Tenn. Code Ann. §62-32-110(b) all certificates of registration and licenses shall expire on June 30 of each year and shall be invalid on that date unless renewed. Such certificate may be renewed on or before the expiration date by payment of the renewal fee not to exceed two hundred dollars (\$200.00).

Pursuant to Tenn. Code Ann. §62-32-110 (c) certificates of registration and licenses shall be subject to late renewal for a period of ninety (90) days following their expiration date by payment of the renewal fee (\$200.00), plus a penalty of one-half (1/2) of the renewal fee (\$100.00). Any person desiring reinstatement thereafter must reapply for registration or licensure.

Seventy-five dollars (\$75.00) must be submitted for duplicate certificate of license.



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**Application for Fire Protection Sprinkler System Contractor Certificate of Registration  
(Pursuant to Tenn. Code Ann. § 62-32-105)**

Registration Fee: \$500.00  
Application Fee: \$100.00 (This is a non-refundable application fee)  
Total Fees Due: \$600.00

**NOTE: PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF COMMERCE & INSURANCE**

This application must be fully completed and accompanied by appropriate fees and evidence of compliance with the bonding requirements of Tenn. Code Ann. § 62-32-105(2), if applicable.

1. Doing Business as: (circle one)      Individual      Partnership      Corporation      Joint Venture

All the partners in a partnership and all the joint venturers in a joint venture must obtain a registration as a contractor Pursuant to Tenn. Code Ann. § 62-32-104 (1)

2. Name of Firm \_\_\_\_\_

Location of Firm \_\_\_\_\_  
(Street Number, Or R.F.D. and P.O. Box)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Telephone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

3. Name of Firm Owner: If partnership, give name of each partner, if corporation, give name of president and secretary. (Use additional sheet if necessary.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_

4. IF FIRM IS HEADQUARTERED OUTSIDE OF THE STATE OF TENNESSEE, List the following:  
Tennessee Address of Firm

\_\_\_\_\_  
(Street Number, or R.F.D. and P.O. Box)

\_\_\_\_\_  
City State Zip Code Telephone #

5. IF FIRM HAS OPERATED UNDER DIFFERENT NAME(S), LIST THE PREVIOUS NAMES AND ADDRESSES OF THE FIRM: (Use additional sheets if necessary)

Name of firm \_\_\_\_\_

\_\_\_\_\_  
(Street Number, or R.F.D. and P.O. Box)

\_\_\_\_\_  
City State Zip Code Telephone #

Dates of Operation \_\_\_\_\_

6. Pursuant to Tenn. Code Ann. § 62-32-104(2), each fire protection sprinkler system contractor must employ a responsible managing employee who holds a valid LICENSE issued by the Division of Fire Prevention.

RESPONSIBLE MANAGING EMPLOYEE(S):

Name \_\_\_\_\_ RME License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

Name \_\_\_\_\_ RME LICENSE # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

7. HAVE YOU AS AN INDIVIDUAL, PARTNER OR CORPORATION EVER APPEARED BEFORE A REGULATORY BOARD FOR ANY VIOLATION IN THE CONDUCT OF A BUSINESS? \_\_\_\_\_

IF YES, GIVE DETAILS: \_\_\_\_\_

8. CERTIFICATION AND AUTHORIZATION

*I certify that I am familiar with Tenn. Code Ann. § Title 62, Chapter 32, Part 1, and the Rules and Regulations issued pursuant thereto. Authority is hereby granted to representatives of the Division of Fire Prevention to enter, examine and inspect any premises, building, room or establishment used in connection with the certificate of registration for which I am applying, to determine compliance with the provisions with Tenn. Code Ann. § Title 62, Chapter 32, Part 1, and the Rules and Regulations issued pursuant thereto. Any false statements or material misrepresentation of this application shall be cause for refusal to issue or renew, or suspend or revoke a certificate of registration or license.*

9. INSTRUCTIONS FOR SIGNING:

AN APPLICATION BY AN INDIVIDUAL MUST BE SIGNED BY THAT INDIVIDUAL. AN APPLICATION BY A PARTNERSHIP MUST BE SIGNED BY EACH PARTNER. AN APPLICATION BY A CORPORATION MUST BE SIGNED BY THE PRESIDENT AND SECRETARY OF THE CORPORATION.

(A) Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(B) Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(C) Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ENCLOSE THE FOLLOWING:

If licensed by the Tennessee Board of Licensing Contractors, pursuant to Tenn. Code Ann. § 62-6-103, provide a copy of the LICENSE; or if not, pursuant to Tenn. Code Ann. § 62-32-105(2), provide evidence of execution of a surety bond payable to the State of Tennessee in the amount of \$10,000.00.

If you have any questions, please feel free to contact this office at 615-741-1322.

**ALL LICENSES EXPIRE JUNE 30<sup>th</sup> OF EACH YEAR**

**FIRE PROTECTION SPRINKLER SYSTEM CONTRACTOR  
SURETY BOND**

(As required by Tenn. Code Ann. §62-32-105)

State of \_\_\_\_\_

Bond Number \_\_\_\_\_

County of \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT:

That I (we) \_\_\_\_\_,  
as Principal, and \_\_\_\_\_,  
a surety company authorized to do business in the State of Tennessee, as Surety, are held and firmly bound unto the State of Tennessee in the penal sum of TEN THOUSAND DOLLARS (\$10,000), lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these present.

THE CONDITION of this obligation is that whereas Principal has filed an application for a Certificate of Registration as a fire protection sprinkler system contractor under the provisions of Tennessee Code Annotated, §62-32-105;

NOW, THEREFORE, upon the issuance of such Certificate of Registration to the Principal herein, as provided in Tennessee Code Annotated, §62-32-107, if the Principal shall pay the extent of the face amount hereof all judgments which may be recovered against it to compensate third party losses caused by the wrongful acts or omissions of the Principal or the Principal's employees, servants, officers, or agents in the conduct of business as a fire protection sprinkler system contractor, then this obligation shall be void; otherwise to remain in effect at all times and places in which the Principal engages in business as a fire protection sprinkler system contractor in the State of Tennessee.

Any person who may be injured or aggrieved by a wrongful act or omission of the Principal or its employees, servants, officers, or agents shall have the right to sue directly on this bond without assignment thereof.

THE TERM of this bond is continuous; provided, however, that the Surety shall have the right to cancel this bond at any time by a written notice stating when the cancellation shall take effect and served upon or sent by certified mail to the Tennessee Department of Commerce and Insurance, Division of Fire Prevention, Permits and Licenses Unit, 500 James Robertson Parkway, Third Floor, Nashville, Tennessee 37243-1159, at least thirty (30) days prior to the effective date of the cancellation; provided further that such cancellation shall not release the Surety from any liability existing hereunder at such effective date of cancellation.

In no event shall the aggregate liability of the Surety exceed the face amount hereof.

Witness Our Hands, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PRINCIPAL:

\_\_\_\_\_  
(Signature)

SURETY:

\_\_\_\_\_  
(Name and Address of Company)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name of Agent)

\_\_\_\_\_  
(Address)

In Witness Hereof, I have hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

Notary Public



**ADMINISTRATIVE SERVICES DIVISION**

**PERMITS AND LICENSES UNIT  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**Eligibility Verification for Entitlements Act Attestation Instructions**

**INSTRUCTIONS:** If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

**AND**

**Do one (1) of the following:**

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**
3. If you are claiming qualified alien status, you **MUST** present two (2) forms of documentation (front and back) of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below. **(Failure to provide two forms of documentation as described will result in a delay to determining eligibility for licensure.)**
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.  
or
5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.



**Eligibility Verification for Entitlements Act Additional Required Documentation**

**Part B. If you are claiming United States citizenship, you must present one (1) of the following:**

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall **not** be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

**Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:**

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

**Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.**

**Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.**