

## STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE HOME INSPECTOR LICENSING PROGRAM 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243 615-741-1831

## **CHANGE OF INFORMATION**

Last Name	First Name	MI License Num	nber
ADDRESS INFORMATION			
Please indicate the type of address change by marking an "X" in the appropriate box(es) below. Mark all that apply to this change. If changing more than one type of address, use a separate form for each address.			
☐ MAILING A	DDRESS BUSIN	ESS ADDRESS  RES	IDENTIAL ADDRESS
CHANGE TO:			
Business Name (if applicable)		PO Box	
Street Address			Suite or Apartment Number
City		State	Zip Code
Effective Date: e-mail address			
	PHONE NUM	MBER INFORMATION	
Business Number		Residential Number	
Area Code	Phone Number	Area Code	Phone Number
Effective Date:			
NAME CHANGE INFORMATION			
Please submit supporting documentation Previous Name  Current Name			

Last Name

**Last Name** 

**First Name** 

ΜI

**First Name**