STATE OF TENNESSEE
CONTRACTOR’S LICENSE – RENEWAL NOTICE

State of Tennessee
Board for Licensing Contractors
500 James Robertson Parkway
Nashville, TN 37243-1150

VERIFY STATUS at verify.tn.gov/
http://regboards.tn.gov/contractors/
(800) 544-7693 or (615) 741-8307
contractor.renewal@tn.gov

Fees Payable to Contractors Board
$200.00 Renewal Fee
$  20.00 Penalty Per Month

(penalty not to exceed 12 months from expiration date)

DO NOT USE THIS FORM FOR THE FOLLOWING:
- Retirement
- Revision to class/limit/name mode
- Change of Ownership

PLEASE CONTACT THE BOARD OFFICE or VISIT OUR WEBSITE FOR ADDITIONAL FORMS AND INFORMATION

CONTRACTOR’S AFFIDAVIT FOR RENEWAL

1. ADDRESS CHANGE: □ No  □ Yes – List New Information:
PHONE: (_____) ______-______
CELL: (_____) ______-______
FAX: (_____) ______-______

Address (If listing a P.O. Box, also include the physical address)
City, State, Zip
Email:

2. MODE OF OPERATION (as licensed):
□ Sole Proprietor  □ Partnership
□ *Corporation  - *TN SOS Control #:
□ *LLC  - *TN SOS Control #:

*Active status with the Tennessee Secretary of State required – http://www.tn.gov/sos/

3. QUALIFYING AGENT (QA): List individual(s) who tested (or designated if prior to exams).
Qualifying Agent’s Name ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)
Qualifying Agent’s Name ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)

4. LIST OWNERS/ OFFICERS/ PARTNERS/ MEMBERS:
Name of Owner/Officer/Member/Partner ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)
Name of Owner/Officer/Member/Partner ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)
Name of Owner/Officer/Member/Partner ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)
Name of Owner/Officer/Member/Partner ___________________________ Title ___________________________ %
SSN (List last 4 digits of SS# for identification purposes)

5. ENVIRONMENTAL CONTRACTORS: Compliance with Rule 0680-16; up to date with training as required and aware must notify Board of any citations. (Applies to Environmental Specialty classifications: S-A,B,C,D,E; and Medical Gas)
□ Not Applicable  □ Yes – In Compliance  □ No – Not in compliance; must attach explanation.

(IN-0438.Rev.01.09.2013–RDA 1578)
INSURANCE REQUIREMENTS: (Check with your insurance carrier to ensure you are properly covered).

6. Workers’ Compensation – Must provide proof of coverage or exemption.
   - An employer and their employees must be covered in accordance with TN State Law, effective October 1, 2012.
   - Refer to: TN Department of Labor & Workforce Development http://www.tn.gov/labor-wfd/wcomp.html
   - An employer (owners/officers) may have the option to register for an exemption as a “Construction Services Provider”.
   - Refer to: TN Secretary of State Exemption Registry http://tnbear.tn.gov/wc/

☐ Workers Compensation Insurance Certificate Attached with Certificate Holder as TN Board for Licensing Contractors
☐ Construction Services Provider Exemption Registry TN SOS Control #(s): __________________________

☐ Not Applicable ALL must apply: • No Employees • Not a Corporation • Do Not Hire Subcontractors • Work Directly for the Owner

7. General Liability - Required
   ☒ General Liability Insurance Certificate Attached with Minimum Coverage and the Certificate Holder listed as:
     State of TN Board for Licensing Contractors

CONVICTIONS/DISCIPLINE/LITIGATIONS/JUDGMENTS/LIENS/COMPLAINTS: Must disclose for contractor’s owners, qualifying agents or officers of any felony conviction; court judgment from contracting complaints; discipline or receipt of a citation from any governmental agency in any state; or has an unresolved complaint matter with the Board. If you have disclosed previously, you will not be required to resubmit an explanation or court documents. Disclosure does not prevent a license from being renewed. However, failure to disclose is grounds for revocation.

8. Convicted of a Felony: ☐ No ☐ Yes – Date ________________________ ☐ Attachment Included ☐ Disclosed Previously

9. Judgment/Discipline/Complaints: ☐ No ☐ Yes – Date ________________________ ☐ Attachment Included ☐ Disclosed Previously

10. ATTACHMENTS:
    The following MUST be attached in order for the renewal to be processed. Forms and additional information is available on our website if needed http://regboards.tn.gov/contractors/
    ☐ Financial Statement: In Licensed Name and less than one (1) year old.
    Monetary Limits above $1,500,000 require a CPA Reviewed or Audited Financial Statement
    ☐ Workers Compensation ☐ General Liability ☐ Disclosure Documentation
    See Question #6 See Question #7 See Questions #8 & #9
    ☐ Fees ($200.00 Renewal Fee + $20.00 Per Month or Partial Month Late Penalty Fee)

11. PLEASE COMPLETE, SIGN AND NOTARIZE
    This is to certify, I am authorized to renew this license on behalf of any other owner(s) of the licensed entity and that all owners/officers/partners/members/qualifying agents are aware of the following: • All information and attachments, including financial statements(s) for the licensed entity is true and correct to the best of my knowledge • The required workers’ compensation and general liability insurance is maintained as required by law • The board may refuse to renew a license for lack of financial stability or insurance • Pursuant to TCA §62-6-118 grounds for formal action by the Board after a notice of hearing and charges include, but are not limited to, any untrue statements, disclosure, submission of false evidence, improper, fraudulent or dishonest dealing, felony conviction in any state; operating on an expired license, operating in a name other than licensed, or pursuant to TCA §56-1-313 discipline from another state agency • Check the Board’s website for changes in the statute, rules and regulations • Register to receive updates by email at: http://regbdlist.tennessee.gov/

☐ (OWNER/OFFICER/PARTNER/MEMBER SIGNATURE) ☐ (TITLE) ☐ FEIN# or ☐ SS# (last 4 digits)

Affirmed, subscribed and witnessed before me this ___________ day of ____________, 20________.
(Day) (Month) (Year)

☐ (NOTARY PUBLIC SIGNATURE) ☐ (COMMISSION EXPIRATION DATE)
Notary Seal