



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE & INSURANCE
 DIVISION OF REGULATORY BOARDS
 PRIVATE PROTECTIVE SERVICES
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1158
 615.741.6382 FAX 615.532.2965
www.tn.gov/commerce/boards/

FOR OFFICIAL USE ONLY

File #

Xact #

CHANGE of CORPORATE QUALIFYING AGENT ONLY CONTRACT SECURITY COMPANY

CONTRACT SECURITY COMPANY LICENSE #: _____

1. General Information:

Contract Security Company Name

Street Address (physical location)

Mailing Address (if different than physical location)

City _____ State _____ ZIP Code _____

Area Code/Phone Number _____ FAX Number _____ Company Web Page Address and E-MAIL Address _____

2. Qualifying Agent Information:

Last Name _____ First Name _____ Middle Name _____

Residence Address _____ City _____ State _____ ZIP Code _____

Area Code/Phone Number _____ FAX Number _____ E-MAIL Address _____

Social Security Number _____ Date of Birth _____ Place of Birth _____ Age _____ Sex _____ Race _____ Height _____ Weight _____ Hair _____

Have you ever used a name or alias other than shown above? If so, please list on the line above _____

3. List all residences during the immediate past five (5) years. (Attach an additional sheet of paper listing this information, please include dates of residency for each location.)

4. RESUME: Provide all employment or occupations engaged in during the immediate past (5) years.

5. Qualifying Information:

- I wish to apply for licensure on the basis of my **EXPERIENCE**. Attached is all the necessary/required documentation to substantiate my indicated experience. Include a resume and written verification of management experience from previous employer(s).
- I wish to apply for licensure by taking the required **EXAMINATION**. I understand I must make the necessary arrangements with the testing agency and pay any applicable fees associated with the examination.

6. Criminal History Information:

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigations (FBI). **If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.**

- a. Have you ever been arrested in Tennessee or any other state? Yes No
 If **YES**, what state(s)? _____
 If **NO**, go to question #7.
- b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes No
- c. Once there, were you fingerprinted, photographed and booked into jail? Yes No
- d. Were misdemeanor or felony charges filed against you? Yes No
 If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

Date	Charge	City	State

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- e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes No
- f. Did the court find you guilty or not guilty? Yes No
- g. If you were found guilty, what was the sentence of the court? (Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.)

Date	Charge	Sentence	Probation Completed Date

Date	Charge	Sentence	Probation Completed Date

- h. Are you currently on a deferred sentence or on probation? Yes No
- i. Did the court dismiss the charges against you? Yes No
- j. Were those charges against you expunged from your record by the court? Yes No
 If yes, you must provide a copy of the expungement order.
- k. Do you currently have charges pending against you? Yes No
 If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date

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7. **Have you ever been declared incompetent by reason of mental defect or disease?** Yes No
If yes attach separate documents and a written explanation.

8. **Are you currently suffering from habitual drunkenness or any narcotic addiction?** Yes No
If yes, attach proof (if applicable) of having completed treatment program(s).

9. **Are you a United States Citizen?** Yes No
If not, attach documentation establishing your legal alien status. If you are not a U.S. citizen or Resident Alien you will not qualify for licensure.

10. **Have you ever served in Military Service?** Yes No
a. **Did you receive a Honorable discharge?** Yes No
If other than Honorable discharge, attach a separate sheet of paper explaining the discharge, a copy of your DD214 and copies of all final judgments or dispositions of charges.

11. **Have you read the Tennessee statutes pertaining to Private Protective Services and the corresponding Administrative Rules and do you understand your responsibilities?** Yes No

12. I have enclosed:

- Three (3) sets of classifiable fingerprint cards OR A COPY OF MY PAID RECEIPT FOR ELECTRONIC FINGERPRINT PROCESSING INDICATING THAT I CHOSE THAT METHOD OF FINGER PRINTING SERVICES..**
- Documents Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-106(6), documentation of at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.
- A Resume listing all** employment/occupations for a minimum of the immediate past five (5) years.

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division of Regulatory Boards, Private Protective Services* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification, licensure or registration by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated § 62-35. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

Subscribed and sworn to, before me on this _____ day of _____, 20_____

[NOTARY SEAL]

(Signature of Notary Public)

My commission expires: _____



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CHANGE of CORPORATE QUALIFYING AGENT ONLY CONTRACT SECURITY COMPANY

APPLICATION INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

READ ALL INSTRUCTIONS CAREFULLY

Date Application Mailed/Submitted to the State: _____

FEES **Submitted w/Application**

Fingerprint Processing Fees (**\$30.00 - TBI, \$30.00 - FBI**) **\$60.00**

- FEE INCREASE EFFECTIVE **OCTOBER 01, 2007** FOR CARDS SUBMITTED TO THIS OFFICE FOR PROCESSING.
- OR A COPY OF THE PAID RECEIPT FOR ELECTRONIC FINGERPRINT SUBMISSION INDICATING THAT YOU CHOSE THAT METHOD OF FINGER PRINTING SERVICES.

-Before proceeding, read the Tennessee Private Protective Services Laws and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating contract security companies in the State of Tennessee.

AN APPLICANT FOR CHANGE OF QUALIFYING AGENT MUST SUBMIT:

- **An application** completed in its entirety.
- **The fingerprint fee of \$60.00 (non-refundable).** If you chose to have this office process your finger print cards, please submit the three (3) sets of classifiable fingerprints on fingerprint cards provided by this office. Prints must be rolled nail to nail by a qualified, trained technician. The cards must be completed fully and signed, all questions in the blocks at the top of the card must be answered. (Please enter N/A if the question does not apply to you) OR A COPY OF THE RECEIPT DOCUMENTING THAT YOU HAVE SUBMITTED YOUR PRINTS ELECTRONICALLY.
- **A RESUME** (not considered proof of experience)
- **Documents Verifying Experience:** In accordance with *Tennessee Code Annotated §62-35-106(6)*, documentation of at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.

Please keep a photocopy of this application for your own files.