

State of Tennessee

Board for Licensing Contractors

500 James Robertson Pkwy., Nashville, TN 37243
1-800-544-7693 Fax (615) 532-2868

Website: <http://www.tn.gov/commerce/boards/contractors/> Email: Contractors.Home-Improvement@TN.Gov



REQUEST FOR LICENSE VERIFICATION

Instructions to Applicant: Complete the "Applicant Information" section below and forward to the reciprocal State verifying the licensing information for a trade exam waiver. Return it to us by including it with your contractor's license application in lieu of the "trade" exam score.

CONTRACTOR LICENSE APPLICANT INFORMATION			
License Name: _____			
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: () -		Fax#: () -	
Contract Person: _____		E-Mail Address: _____	
Signature: _____		Date: _____	
<p>If you are licensed with one of the following state agencies, Tennessee has entered into a trade exam waiver agreement and you may qualify to have the trade exam waived: Alabama – (General, Electrical, Residential, and HVAC); Arkansas (General Contracting); Georgia (Commercial); Louisiana; Mississippi, North Carolina (Residential/Commercial); Ohio (Electrical; Plumbing; and HVAC); and South Carolina. (Note: The Board also accepts the NASCLA National Commercial trade exam). Reciprocation is with the TRADE exam, only.</p>			

LICENSE VERIFICATION

Instructions for Verifying State: The above name applicant has submitted an application for a contractor's license with this Board. Please complete the following and return this form to the applicant.

License Name: _____					
License ID#: _____		Date Issued: _____		Status: ___Active ___*Inactive ___*Expired	
Expiration Date: _____		Disciplinary Action: ___No ___*Yes		*Does not qualify for exam waiver	
License Classification(s): _____					
Qualifying Agent's Name	Trade Exam <i>Residential, Commercial, Electrical, etc.)</i>	Exam Type <i>(PSI, NAI, Experior, Block, NASCLA, In- House, etc.)</i>	Exam Date	Score	Waiver <i>(Endorsement; Prior to Exam;; Not Required, etc.</i>

Signature: _____ Title: _____ Date: _____

State Agency: _____

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