

**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**BOARD FOR LICENSING CONTRACTORS**

500 James Robertson Pkwy., 4<sup>th</sup> Floor, Davy Crockett Tower  
Nashville, TN 37243-1150

Telephone: 1-800-544-7693 or (615) 741-8307 / Fax: (615) 532-2868

Website: <http://www.tn.gov/regboards/contractors/>

Email: [Contractor.App@tn.gov](mailto:Contractor.App@tn.gov)



## **CONTRACTOR'S LICENSE APPLICATION**

### **Contents**

**Contractor's License Application** (pages 1-16)

**Instructions:** <http://www.tn.gov/regboards/contractors/documents/ContLicAppInstrBooklet.pdf> (pages i-1 - i-23)

### **Supplemental Information - Website**

More information is available and may be downloaded from the Board's website at: <http://www.tn.gov/regboards/contractors/contractor.shtml> or from the "Forms and Downloads"

- **Contractor License Classifications and Exams - Outline**
  - <http://www.tn.gov/regboards/contractors/documents/ClassificationOutlineWeb.pdf>
- **Exam Information – PSI's "Candidate Information Bulletin"**
  - [https://candidate.psiexams.com/bulletin/display\\_bulletin.jsp?ro=yes&actionname=83&bulletinid=200&bulletinurl=.pdf](https://candidate.psiexams.com/bulletin/display_bulletin.jsp?ro=yes&actionname=83&bulletinid=200&bulletinurl=.pdf)
- **Exam – Reference Books - PSI Bookstore**
  - <http://www.tn.gov/regboards/contractors/documents/PSIBookstore.pdf>
- **Exam – NASCLA Publisher and Bookstore**
  - <http://www.nascla.org/catalog/nascla-store/bookstore/state-specific/tennessee>
- **Frequently Asked Questions - FAQ's**
  - <http://www.tn.gov/regboards/contractors/FAQ.shtml>
- **Insurance - General Information**
  - [http://www.tn.gov/regboards/contractors/documents/InsuranceInfo\\_001.pdf](http://www.tn.gov/regboards/contractors/documents/InsuranceInfo_001.pdf)
- **Financial Resources**
  - <http://www.tn.gov/regboards/contractors/documents/BLC-GuarantyAgreementPolicy.pdf>

For Office Use Only  
Xact# \_\_\_\_\_  
Lic.ID# \_\_\_\_\_



Note: Deadline date to submit is 20<sup>th</sup> of the month prior to Board meeting!  
Please allow 5 to 7 days for mail delivery.

**TENNESSEE**  
**BOARD FOR LICENSING CONTRACTORS**  
500 James Robertson Parkway  
Nashville, TN 37243-1150  
(615) 741-8307 or 1-800-544-7693 or Fax: (615) 532-2868  
Website: <http://www.tn.gov/regboards/contractors/>  
Email: [Contractor.App@tn.gov](mailto:Contractor.App@tn.gov)

**Please check one:**

- \_\_\_ New License – First Time Applicant
- OR**
- \_\_\_ Reinstatement of Expired License (Expired 12 months or more)  
License ID # \_\_\_\_\_ - Exp: \_\_\_\_\_
- \_\_\_ Merger or Reorganization or Change of Ownership; Dissolving Licensed Company or Partnership  
License ID # \_\_\_\_\_ (of prior company)    Retain License ID#
- \_\_\_ \*Second or Additional License – Other license(s) to remain:    Active    Inactive    Sold Company  
License ID # \_\_\_\_\_ (of prior company)
- \_\_\_ Qualifying Agent – Applying for their own license – License ID # \_\_\_\_\_ (of prior company designated)
- \_\_\_ \*Other: \_\_\_\_\_

**CONTRACTORS LICENSE APPLICATION**  
**Application Fee: \$250.00 (Nonrefundable) – Two Year License Fee**

Mode of Operation:    Sole Proprietor    Partnership    Limited Partnership    General Partnership    Corporation    LLC

**NAME TO APPEAR ON LICENSE:** \_\_\_\_\_  
*(License will be issued in the exact name on your financial statement and mode of operation indicated)*

**Mailing Address:** \_\_\_\_\_  
 P.O. Box   or    (PMB) Private Mailbox Provider   –   **Must Include Physical Street Address**

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_   **Cell:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_   **Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Qualifying Agent:** \_\_\_\_\_   **Email Address:** \_\_\_\_\_

\*Note: If you currently have a contractor's license and want to only revise your current license by adding a classification or increase your license limit, do not complete this application. Request a "Revision" application from our office or obtain from our website at the "Forms and Downloads".

## QUESTIONNAIRE/SYNOPSIS

1. **Mode of operation:** {  } \*\*Sole Proprietor    {  } Partnership    {  } \*Corporation    {  } \*Limited Liability (LLC)  
\*Attach proof of registration with Tennessee Secretary of State

2. **Owners:** List Name of Owner(s), Officer(s) or Major Stockholder (20% or more), with their Title (owner, partner, stockholder, Officer) and their SS#; parent/holding companies must submit their FEIN # : *(May submit an attachment for additional owners)*

Complete Name (Include Suffix (Jr., Sr., III))	Title	SS#	% of Ownership
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3. **FEIN #** \_\_\_\_\_ **(Federal Employee ID # - EIN)**    4.  **\*\*Sole Proprietors** (See pages 13 -15)

5. **License Classifications Requested** (see "Classifications Outline" on the Website) Following is a partial list:

- Residential (BC-A)    Commercial (BC-B)    Small Com (BC-b{sm})    Industrial (BC-C)    BC (Resid. Com. & Ind.)    BC-A/r (Restricted)  
 Electrical (CE)    Plumbing (CMC-A)    HVAC (CMC-C)    CMC (Mechanical-Plumbing/HVAC)    MU (Mun. Utility)  
 HRA (Hwy/Rail/Air)    HC (Heavy)    S-Equip. Installation    LMC (Masonry)    S-\_\_\_\_\_ (Specialty)  
 CMC-D (Fire Sprinkler; **must** register with [Fire Prevention](#));    CE-D (Alarm Systems; **must** register with [Alarm Systems Board](#))  
 Specialty/Subcategory or Other: \_\_\_\_\_

6. **Monetary Limit Requested** (size of contracts): \$ \_\_\_\_\_ (Ensure General Liability Insurance is sufficient!)  
(Limit is based on financial statement and experience. Note: Small Commercial (BC-b(sm)) cannot exceed \$750,000. Unlimited is in excess of \$3,000,000)

7. **Prior Contractor License(s):** If the **Owners, Officers** or the **Qualifying Agent** has held or listed on a Tennessee Licensed entity; please answer the questions below:  **No - Does Not Apply;**  **Yes – Complete "Prior License Information"**

Prior License Information - Disclosures
License ID # _____; Expiration Date: _____; Complaint History: ___NO ___*YES (* Supply Attachment) Explain: ___ Reinstatement; ___ Sold Company; ___ No longer at company; ___ Additional/Second license; ___ Dissolved Partnership; ___ QA Applying for own license; ___ Purchased Entity –New Owner Other: _____ <small>(*Attach explanation regarding any complaint history; license revocation;; judgments; or criminal convictions)</small>

8. **Other State Licenses:** Have you or your qualifying agent or officers held a contractor's license in any other state?  
 \_\_\_NO \_\_\_ YES - If so, please list "State" and current status, such as: **(A)** Active; **(E)** Expired; **(S)** Suspended/Revoked.  
 \_\_\_\_\_( ); \_\_\_\_\_( ); \_\_\_\_\_( );

9. **Other Tennessee Licenses:** Have you or the qualifying agent or officers held any other Tennessee licenses, such as, Real Estate; , Architect/Engineer; Alarm; Fire Sprinkler; Home Improvement; LLE; LLP; Well Driller, etc.  
 \_\_\_NO \_\_\_YES - Please list type of license and status. If revoked or suspended, please submit an attachment:  See attached.

10. **List Qualifying Agents (QA):** Individual passing the exam or designated employee for specialty:

Complete Name (Must include "Suffix" - Jr., Sr, III)	SS#	Exam Type	Ownership%	Exam Date
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- Specialty Contractors: Attach current certificates for Asbestos, Lead, UST, Fire Sprinkler, Alarm, Well Drilling, Medical Gas, etc.*  
 Power of Attorney required if QA does not have majority ownership.

**\*Note: Failure to disclose prior license complaint history is grounds to have the license denied! (see questions 7-9)**



STATEMENT OF EXPERIENCE AND MANAGEMENT INFORMATION

Name to be on License: \_\_\_\_\_

1. License applicant's list of experience: (May attach a list in lieu of completing the below)  – See Attached

Year	Type of Work	Contract/\$Amount	Location of Work	Client

2. Please list owners/officers experience (if different from above):  – See Attached

(May submit attachment or resumes)

Employee/Owner Name & Title	Years of Experience	Employer's Construction Company Name	(Res./Com./Ind.) Project Type

3. Personnel: One or more employees? \_\_\_ Yes \_\_\_ No / Officers: \_\_\_ Yes \_\_\_ No

4. Workers' Compensation Insurance: Please attach one of the following:

- Proof of Insurance  Registration(s) as "Construction Services Provider"  Questionnaire (pg 12)
- More information relative to workers' compensation is at: <http://www.tn.gov/labor-wfd/wcomp.html>
- Law requires coverage of owners unless exempt; corporate officers must be covered unless registered for exemption
- Out of state contractors must supply proof of coverage for their employees to work in Tennessee

5. Do you know the definition of employee vs independent contractor? \_\_\_ Yes \_\_\_\*No

➢ \*If "No", please see [http://www.tn.gov/labor-wfd/EMEEF/misclass\\_main.shtml](http://www.tn.gov/labor-wfd/EMEEF/misclass_main.shtml)

6. General Liability Insurance: Attached coverage is:  \$100,000  \$500,000  \$1,000,000 or more

➢ If not attached, license cannot be issued. See instructions on our website

7. Bank(s): Name, location and contact person of where you do business:

\_\_\_\_\_  
\_\_\_\_\_

8. Attach list of major equipment (owned; leased or rented information). (This may be a depreciation schedule)

- See Attached List  – No Equipment Owned (leased or rented when needed)

9. Contractor Preparatory Course: \_\_\_ No \_\_\_ Yes – Name of Course Provider: \_\_\_\_\_.



## CONTRACTOR'S AFFIDAVIT

Mode of Operation:    Sole Proprietor    Partnership    Limited Partnership    General Partnership    Corporation    LLC

1. \_\_\_\_\_  
**(Contractor Applicant - Name as to be licensed and same as on financial statement)**

2. To the best of my knowledge, information, and belief, a petition in bankruptcy { } **\*HAS** { } **HAS NOT** been filed within seven (7) years preceding the filing of this application from any person who is an officer, owner, partner of this entity. (\*If such petition has been filed, attach information and an explanation of the proceedings hereto as part of affidavit and copy of discharge.)

3. As Contractor Applicant, the owner(s), officer(s), qualifying agent(s) or major stockholder(s), with this entity,  
A. { } **\*HAVE** { } **HAVE NOT** been convicted of a felony;  
B. { } **\*HAVE** { } **HAVE NOT** been involved with claims for gross negligence, incompetency, fraud, dishonest dealing, misconduct (violation of TCA § 62-6-118); or judgments; and/or complaints (open or closed) derived from the practice of contracting; or had a license revoked. (If you checked "**HAVE**", please attach an explanation (see instructions))

**Note: TCA 62-6-118(h), the Board may deny a license for improper conduct or submission of false statements.**

4. As Contractor Applicant, I/we { } **\*HAVE** { } **HAVE NOT** bid, offered to engage or performed any construction in the State of Tennessee, where the amount of the contract was \$25,000 or more, or in the case of those domiciled in non-reciprocal states, \$2,500, as would require a contractor's license to engage in contracting. \*If you "**Have**", this violation is penalized by T.C.A. § 62-6-120. License may be held for six (6) months.

***I/we affirm and attest in applying to the Tennessee Board for Licensing Contractors for a new license to engage in contracting with the State of Tennessee, hereby depose and say as follows:***

The foregoing statement and all other information provided in this application are true and correct. In addition, these statements are submitted to the Board for Licensing Contractors for the express purpose to license as a contractor in the State of Tennessee. Further, any depository, vendor or other agency herein named is hereby authorized to supply this Board with any information necessary to verify these statements. Contractor agrees to maintain insurance as required.

\*If you checked "HAVE" or "HAS" above, please attach explanation\*

***All Must Execute Affidavit: Owner(s); qualifying agent(s); partners; major officers; and controlling stockholders or their Chief Executive Officer duly authorized by the Board of Directors with this entity.***

(Print Name)	Qualifying Agent	(Signature)
(Print Name)	(Title)	(Signature)
(Print Name)	(Title)	(Signature)
(Print Name)	(Title)	(Signature)

**Subscribed and witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**

\_\_\_\_\_  
**(NOTARY)**

My Commission Expires: \_\_\_\_\_

-SEAL-

## LETTER OF REFERENCE



From:

\_\_\_\_\_ *Past Client*  
\_\_\_\_\_ *Past Employer*  
\_\_\_\_\_ *Codes Official*

Reference Relating to: \_\_\_\_\_

*(Please print name of individual and/or company applying for a license)*

Address: \_\_\_\_\_

The above named individual and/or company is applying for a contractor's license in the State of Tennessee. Please give any information you can relating to their construction experience. You can greatly assist both applicant and Board by furnishing this information in detail. *(PLEASE PRINT OR TYPE)* Return the completed reference to the contractor license applicant for them to supply with their completed application.

1. How long have you known the owner(s)/principals? \_\_\_\_\_
2. What has been your general experience with the above?
3. What is your business opinion of the above?
4. Do you recommend a state license be granted to the above? Explain.
5. Please mention other comments you would like to include regarding the applicant.

This form is being completed by:

\_\_\_\_\_

(Print Name)

(Name of Company/Employer/Codes Official/ Client (Homeowner))

Mailing Address:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

NOTE: All reference letters must be from a past client, employer or codes official commenting on experience, as required pursuant T.C.A. § 62-6-111(4)(b)(2). Out of state letters are acceptable; family member references are not acceptable.

**WORKSHEET FOR DETERMINING MONETARY LIMIT**  
*(Attach to Reviewed for Audited Financial Statement)*

FINANCIAL STATEMENT OF: \_\_\_\_\_ DATE \_\_\_\_\_

AUDITED                       REVIEWED                       CPA                       LICENSED PA  
 INDIVIDUAL                       PARTNERSHIP                       LLC                       CORPORATION

CURRENT ASSETS \_\_\_\_\_ TOTAL ASSETS \_\_\_\_\_  
 CURRENT LIABILITIES \_\_\_\_\_ TOTAL LIABILITIES \_\_\_\_\_  
 WORKING CAPITAL \_\_\_\_\_ NET WORTH \_\_\_\_\_

\*SUPPLEMENTAL FINANCIAL STATEMENT(S):  Guaranty Agreement:  Yes  No - *cannot be included*

1. Company/Personal Financial Statement of \_\_\_\_\_ Date \_\_\_\_\_

Current Assets _____	Total Assets _____
Current Liabilities _____	Total Liabilities _____
Working Capital _____	Net Worth _____
50% of W/C _____	50% of NW _____

2. Company/Personal Financial Statement of \_\_\_\_\_ Date \_\_\_\_\_

Current Assets _____	Total Assets _____
Current Liabilities _____	Total Liabilities _____
Working Capital _____	Net Worth _____
50% of W/C _____	50% of NW _____

3. Line of Credit in the amount of \$ \_\_\_\_\_ Bank: \_\_\_\_\_

**TOTALS:**  
**COMBINED WORKING CAPITAL \$ \_\_\_\_\_ COMBINED NET WORTH \$ \_\_\_\_\_**

**\*MONETARY LIMIT REQUESTED: \$ \_\_\_\_\_** (General Liability Insurance must be sufficient)

\*Should the contractor's financial statement and experience fail to qualify for the monetary limit requested, the Board may grant the license at a lower amount.

**MONETARY LIMITS ARE BASED ON TEN (10) TIMES THE LESSER OF YOUR COMBINED WORKING CAPITAL, NET WORTH and EXPERIENCE!**

- SUPPLEMENTAL FINANCIAL STATEMENTS MAY BE USED TO INCREASE NET WORTH AND WORKING CAPITAL at 50%
- LINE OF CREDIT MAY BE CONSIDERED TO SUPPLEMENT WORKING CAPITAL, ONLY. (If negative, at 50%)
- GUARANTY AGREEMENT MUST BE SIGNED, NOTARIZED AND ATTACHED WITH SUPPLEMENTAL FINANCIAL STATEMENT
- SEE THE WEBSITE FOR BOND IN LIEU OF GUARANTY AGREEMENT: <http://www.tn.gov/commerce/boards/contractors/documents/BLC-BondInstructionsRev.pdf>

4. Years of Total Experience (listed on page 3):  Less than 3 years  5 to 10 years  Over 10 years  
 5. Average Amount of Projects: \$ \_\_\_\_\_; Largest Project on Experience: \$ \_\_\_\_\_

## ATTACH FINANCIAL STATEMENT PREPARED BY A LICENSED CPA/PA WITH A REVIEWED OR AUDITED OPINION

Financial statements submitted by contractors shall be treated as confidential and shall be used by the Board only for the purpose of determining the financial stability of an applicant for a license and the monetary limitations. T.C.A. 62-6-124.

**CURRENT ASSETS** are cash and those assets that are reasonably expected to be realized in cash or sold or consumed within one year or within a business's normal operating cycle if it is longer. Generally, current assets include the following:

- Cash and cash equivalents available for current operations
- Marketable securities representing the investment of cash available for current operations, including investments in debt and equity securities classified as trading securities.
- Underbillings on work in progress
- Inventories (to include materials and/or houses built for sale). Also, developed lots for sale. Raw, undeveloped land is not a current asset.
- Retirement Plans, specifically an IRA, 401K and Profit Sharing, will be allowed at 50%
- Cash surrender value of life insurance policies (*provide documentation on personal statements to utilize*)
- Trade accounts receivable notes and other receivables that are expected to be collected within one year.
  - *Note: If majority of receivables count as working capital, the Board will need an update of accounts collected over the past 12 months, or these will not be counted.*
- Prepaid expenses such as insurance, interest, rents, taxes, etc.

The following are not current assets, however, since they generally are not expected to be converted into cash within one year:

- Cash restricted for special purposes (Restricted cash may be classified as a current asset if it is considered to offset maturing debt that has been properly classified as a current liability, however.)
- Long term investments
- Receivables not expected to be collected within one year
- Land and other natural resources
- Depreciable assets (buildings, equipment, tools, etc.)
- Prepayments or deferred charges that will not be charged to operations within one year
- Notes receivables from stockholders or employees (*do not count as a current asset*)

**CURRENT LIABILITIES** are obligations whose liquidation is reasonably expected to require (a) the use of current assets or (b) the creation of the other current liabilities. Generally, current liabilities include the following:

- Payables for materials and supplies
- Amounts collected before goods or services are delivered (overbillings on jobs in progress)
- Accruals for wages, salaries, commissions, rents, royalties, and taxes
- \*Other obligations, including portions of long-term obligations, expected to be liquidated within one year

\*Current liabilities do not include long term notes, bonds, and obligations that will not be paid out of current assets.

**\*All financial statements submitted should separate current portion of long term debt according to standard accounting principals\***

◆**NOTE:** *More detailed information is in available from the instructions*



# INDEMNITIES

## Guaranty Agreement and Bond Information

### GUARANTY AGREEMENT POLICY

The purpose of a Guaranty Agreement is now, and has always been, to supplement the net worth and working capital of a Contractor to enable that Contractor to obtain a higher monetary limitation than they would otherwise qualify. All previously submitted Guaranty Agreements shall expire (or shall be deemed to have expired) at the end of the license term for which the particular Guaranty Agreement was relied upon to supplement the Contractor's net worth and working capital. When a license is renewed, the contractor may utilize a new Guaranty Agreement, if appropriate, to raise the monetary limitation for which they would otherwise qualify.

Pursuant to Rule 0680-01-.13, there are conditions allowing a contractor to utilize an indemnity, which may be from either a Guaranty Agreement or Contractor's License Bond. If this is needed, the Board office will contact you and provide the form.

### Guaranty Agreement

The Board may allow a contractor the option to utilize a "Guaranty Agreement" indemnity, with a supplemental personal or parent company financial statement. The supplemental statement may be a self-prepared personal statement, compiled, or by a CPA or a parent company statement. The guaranty does not waive the requirement for a CPA prepared Reviewed or Audited financial statement. In addition to the "Guaranty Agreement" form, the Board wants to ensure the contractor is aware of the financial obligations and also requires them to sign the "Notice of Liability" included (more instructions on pages i-10 – i-15). The guaranty forms and most recent policy relative to indemnities are available from our website at: <http://www.tn.gov/regboards/contractors/documents/BLC-GuarantyAgreementPolicy.pdf>

- The guarantee will expire at the time of renewal and is limited based upon the amount needed to supplement
  - If a "Guaranty Agreement" is needed when renewing, a new form must be provided.
- Signatures on the Guaranty Agreement
  - Person(s) listed on the personal financial statement would be required to sign as personal guarantor; or
  - The authorized owner/officer of the corporate or parent company statement would be required to sign as a corporate guarantor.
- The Guaranty Agreement is considered part of the financial statement and confidential; not a matter of public record. Inquiries and release of information would require a subpoena with a protective order.

### Contractor's License Bond

If there are extenuating circumstances such as legal conflicts preventing the parent company from supplying a "Guaranty Agreement" as the indemnity agreement, the contractor may request to supply the Board with an original "Contractor's License Bond". It must have the original signatures and in the exact format as the Board's form; no deviation from the language is acceptable. Depending on the financial statement and monetary limit requested, the Board will consider either a \$500,000 (for limits less than \$1,500,000) or \$1,000,000 (for a limit more than \$1,500,000) bond amount. Please note, the "Contractor's License Bond" may be used only in lieu of the "Guaranty Agreement" and does not waive any other license requirements. The "Reviewed" or "Audited" financial statement is still required. The form is available from the website at: <http://www.tn.gov/regboards/contractors/documents/BLC-GuarantyAgreementPolicy.pdf>

- The bond must have a "Power of Attorney" attached from the bonding/insurance provider.
- The provider must have an approved rating from "A.M Best Company, Inc."
- The bond cannot be released from liability for one (1) year after the license expiration or replacement of another indemnity (if required based on financial statement).

**LINE OF CREDIT**

TO BE WRITTEN ON BANK, SAVINGS & LOAN LETTERHEAD  
(May be used if WORKING CAPITAL does not support monetary limit requested)

**DATE**

**TO: CONTRACTOR LICENSEE NAME (Individual, Corporation, Partnership or LLC)**  
**Address**  
**City, State and Zip**

**Dear Contractor:**

You have requested of (Name of Bank, Savings and Loan FDIC Institution) to establish a line of credit which will be available to (Contractor's Name as to be on License) for use in conducting the contracting business for which a license is being sought from the State of Tennessee Board for Licensing Contractors.

We hereby establish a line of credit for these purposes in the amount of \$\_\_\_\_\_ which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board for Licensing Contractors of any significant change(s) in your financial condition during the term of this commitment.

We the undersigned will endeavor to notify the Board for Licensing Contractors should we become aware of any significant change(s) in financial conditions of the above named applicant.

The undersigned hereby agrees to notify the Board for Licensing Contractors should we withdraw and/or eliminate the above named applicant's credit line.

By \_\_\_\_\_  
Name Title

**SAMPLE LETTER -- FOR BANK USE ONLY**

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Contractor Instructions

- To increase the working capital, a contractor may take this **SAMPLE** form to their bank; does not increase the net worth
- If a contractor's working capital is negative, only 50% of the Line of Credit (LOC) value is applied
- The LOC is for the contractor's use and may be utilized at any time by the contractor
- This format's exact wording must be used in order for the Board to consider accepting; any deviation will delay process
- Original LOC document must be submitted; copies are not acceptable
- Name on LOC must be in the **EXACT NAME** as on the license and financial statement
- Lending institution must be a bank, savings and loan which is FDIC approved
- Website is at: <http://www.tn.gov/regboards/contractors/>



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 Email: [Contractor.App@tn.gov](mailto:Contractor.App@tn.gov)

A Power of Attorney for the Qualifying Agent is required if someone other than a majority owner takes the exam.

**POWER OF ATTORNEY**

Know all that I, \_\_\_\_\_, of \_\_\_\_\_,  
 (Owner's/Officer's Name) (County)

\_\_\_\_\_, of \_\_\_\_\_ do hereby appoint:  
 (State) (License Company Name)

\_\_\_\_\_  
 (Qualifying Agent's Name)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date of Employment)

Above named is at least 18 years of age; a full time employee or officer; and authorized to act as qualifying agent (QA) on the license entity's behalf by taking the examinations(s) and/or interview, as required for a Tennessee contractor's license. Pursuant T.C.A. §62-6-115, as an employee/officer, they have sufficient knowledge to bind the licensee.

This designated qualifying agent  **\*IS -or- \*WAS -or- IS NOT** listed as the QA for another license (*list the license ID or license name if you have ever been listed on another license in Tennessee*). I understand should the qualifying agent leave the company, pursuant T.C.A. §62-6-115, the Board must be notified within 10 days; and another individual must be designated to pass the applicable trade examination(s) within three (3) months or the license classification is considered invalid (if there is only one classification, the license becomes invalid).

\_\_\_\_\_  
 Owner/Officer - Signature

\_\_\_\_\_  
 Qualifying Agent's Signature

Affirmed, witnessed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public My Commission Expires: \_\_\_\_\_

- (Notary Seal) -

\*List License ID# \_\_\_\_\_ or company name. If "currently" listed, you must be a majority owner of one of the licenses to be listed as the QA. Attach explanation, as directed on page 2 and the Contractor's Affidavit, relative to complaints, felony convictions, judgments, etc., from current and "prior" licenses.

Note: If anyone other than an individual with an ownership interest acts a qualifying agent, then an owner or officer must also appear along with the qualifying agent in cases where an interview with the Board is required. Typically, the interview is waived and notice will be sent to license applicant.

For applicants who have passed the trade exam with a reciprocal state and requesting a waiver.

# State of Tennessee

## Board for Licensing Contractors

500 James Robertson Pkwy., Nashville, TN 37243-1150  
1-800-544-7693 Fax (615) 532-2868



Website: <http://www.tn.gov/regboards/contractors/> Email: [Contractor.App@tn.gov](mailto:Contractor.App@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 license application.

#### CONTRACTOR LICENSE APPLICANT INFORMATION

**License Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** ( ) - \_\_\_\_\_ **Fax#:** ( ) - \_\_\_\_\_

**Contract Person:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**; **Georgia** (Commercial/Electrical); **Louisiana**; **Mississippi**, **North Carolina** (Residential/Commercial); **Ohio** (Electrical; Plumbing; and HVAC); and **South Carolina** (Commercial Board). The Board also accepts the **NASCLA National Commercial** trade exam score. Reciprocation is with the **TRADE** exam, only. Some states may charge a fee to complete verification.

**Instructions for Verifying State:** The above named 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, Exporior, Block, NASCLA, In- House, etc.)</i>	Exam Date	Score	Waiver <i>(Endorsement; Prior to Exam;; Not Required, etc.</i>

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Agency:** \_\_\_\_\_

*- State Seal -*

T.C.A. § 12-4-801 - **Bid Preference Law** - A like reciprocal preference is allowed to the lowest responsible bidder to a contractor resident of another state.

# Workers' Compensation Insurance - Coverage Determination Questionnaire

(Required by Contractors NOT submitting Proof of WC Insurance)

The following questionnaire has been developed to assist licensees and our staff to determine whether proof of workers' compensation (WC) insurance coverage or exemption requirements have been fulfilled for the purpose of obtaining a contractor's license. You would need to check with the Department of Labor and Workforce Development if you are not sure of being in compliance and their information is available at: <http://www.tn.gov/labor-wfd/wcomp.shtml> This is based upon changes in the law on March 1, 2011, Public Chapter 1149; and includes amendments for Public Chapter 422, effective October 1, 2011. Please check with your insurance carrier to ensure you are properly covered or exempted to prevent being charged penalties for lack of coverage. In addition, ensure your employees are not misclassified as independent contractors.

The new law requires contractors to supply proof of coverage or exemption on themselves as owners/employers, in addition to their employees. A provision allows up to five (5) individuals as an **owner, officer, partner or member** to be exempt from coverage by registering each person on your license with the Tennessee Secretary of State as a "**Construction Services Provider**". Therefore, license applicants without employees have the option to provide proof of insurance or proof registered for an exemption; unless considered exempt from both (*sole proprietors, partners or LLC without employees or subs, working directly for a residential owner, etc.*). As always, check with your insurance agent to make sure you are properly protected or exempt on a project. To register online for exemption as a "**Construction Services Provider**" go to: <http://tnbear.tn.gov/wc/> or you may call at (615) 741-2286. Check the Division of Workers' Compensation at: <http://www.tn.gov/labor-wfd/wcomp.shtml> for information on these regulations. The definition of employee is available at: [http://www.tn.gov/labor-wfd/wcomp/employers\\_info.shtml#WHO\\_NEEDS](http://www.tn.gov/labor-wfd/wcomp/employers_info.shtml#WHO_NEEDS)

## Contractor's License WC Questionnaire

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1. If you check **ONE** item, you are **NOT EXEMPT** and must submit **proof of insurance** (questionnaire not required)

- One or More Employees (An owner/officer may still need to register for an exemption to exclude themselves)
- Having more than as allowed for an exemption (five (5) owners or officers; or a partner retaining less than 20% ownership)
- Does not meet the requirements in questions 2 – 3 below, and must provide proof of coverage.

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2. If you check **ALL** of the following, considered **EXEMPT** from submitting **proof of insurance**, and will need to supply **proof of registration** as a "**Construction Services Provider**" - <http://tnbear.tn.gov/wc/> (Licenses expired cannot register as a licensee with the Board and would not qualify for a discount with Secretary of State exemption registry)

- No Employees on payroll (corporate officers are considered employees, but qualify to register for exemption)
- Less than five (5) owners and/or officers; or if a partnership, each partner owns a minimum of 20% of business entity.
- All owners/officers/members/partners are registered as a "Construction Services Provider"
- Does not meet the criteria in section "3" below; must attach registration for each individual on license (limited to five)

(Note: Partnerships, who have not registered with the Secretary of State's "Corporate" section, must do so to obtain a "Control #")

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3. If you check **ALL** of the following, you are **EXEMPT** from supplying both the **proof of Insurance and registration** to our Board as a "**Construction Services Provider**" only as a condition of licensure with the Board:

- No Employees on payroll and no Subcontractors hired to perform work
- Sole Proprietor; Partnership or LLC with less than (5) members (Note: Corporations do not qualify to be exempt from both)
- Works directly for the owner (*handyman exemption*)

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4. Other: Considered **EXEMPT** from both the insurance and registration as a "Construction Services Provider" due to the following explanation (*may require authorization from the Department of Labor and Workforce Development*):

- Other: Exempt due to: \_\_\_\_\_  
(Provide explanation allowed by law for us to verify with the Department of Labor)

(Note: Renewal may be held until we receive authorization)

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5. Signature of Authorized individual completing questionnaire for licensing.

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

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**IMPORTANT NOTICE: THIS QUESTIONNAIRE PERTAINS TO COVERAGE REQUIRED FOR THE PURPOSE OF LICENSING, ONLY! PLEASE CHECK WITH YOUR INSURANCE CARRIER OR THE DEPARTMENT OF LABOR TO ENSURE YOU ARE PROPERLY EXEMPTED, COVERED, OR WHEN OBTAINING MINIMUM COVERAGE, TO PREVENT PAYING PENALTIES AT THE TIME OF AN AUDIT OF YOUR PAYROLL!**



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
REGULATORY BOARDS DIVISION  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
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:**

1. **US Citizenship** - If you are claiming United States citizenship, present **one (1)** of the forms of acceptable identification provided in the list **Part B** (see page 15).
  - 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.
2. **Qualified Alien Status** - If you are claiming qualified alien status, present **two (2)** forms of documentation of identity and immigration status, as determined acceptable by the United States Department of Homeland Security, for verification through the SAVE (Systematic Alien verification for Entitlements) program, as provided in the list **Part C** (see page 15)
  - 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**

3. **Foreign National Not Physically Present in US** - If you are claiming you are a foreign national not physically present in the United States, please contact the program issuing the license for which you are applying, to provide such documentation as may be required to verify such status.

**Eligibility Verification for Entitlements Act Attestation**

**Part A. Eligibility Verification for Entitlements Act Attestation**

**I hereby attest under penalty of perjury that I am (select one):**

\_\_\_\_\_ A United States citizen;

\_\_\_\_\_ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;1

\_\_\_\_\_ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq.***

1 Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq.*];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

## **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.**



# CHECKLIST

Detailed steps are available in the “**Contractor License Application Instruction Booklet**” ( Pages i-1 – i-23) at: <http://www.tn.gov/regboards/contractors/documents/ContLicAppInstrBooklet.pdf>

\_\_\_\_\_ **Exam Score(s)** – Attach copies and/or other required documentation:

- Business & Law  Trade  Explanation (*Registered; Reinstatement, Second License, etc.*)
- Restricted Residential (BC-A/r) Certificate;
- Environmental Specialties - Attach copies of the qualifying agent’s training certificates;
- Fire Sprinkler / Alarm Systems / TDEC - Attach copy of other required licenses from the State;
- Reciprocity - Attach license verification completed by the state agency where licensed (page 11)

\_\_\_\_\_ **Contractor’s License Application** (See pages 1 – 5; and page 14)

- Questionnaire/Synopsis (page 2); Note: Supply explanation(s) where required
- Experience/Management Information (page 3);
- Contractor’s Affidavit (page 4); Note: Supply explanation if checked “HAS” or “HAVE”
- Reference (page 5)
- Sole Proprietors - Citizenship Status for Eligibility Verification (page 14)

\_\_\_\_\_ **Financial Statement Prepared by CPA/PA - Attached** (See page 6)

- Reviewed F/S required by CPA for a limit of \$1,500,000 or less;
- Audited F/S required by CPA for limit more than \$1,500,000
- Parent Company F/S – Required for subsidiary; include in-house statement for subsidiary)

\_\_\_\_\_ **Supplemental Financial Statement – Attached with Guaranty Agreement or Bond** (*if needed*)

- Compiled; Self-Prepared; or CPA Prepared – Supplemental to support monetary limit

\_\_\_\_\_ **Guaranty Agreement / Bond - Information** (See page 8)

- Submitting primarily cash only financial statement; or large amount of current receivables
- Submitting supplemental financials to increase net worth/working capital at 50%
- Entity is owned by another (parent/subsidiary), *must provide parent’s financial statement*
- A “Contractor’s License Bond” may be substituted for a Guaranty Agreement (see information from website) <http://www.tn.gov/regboards/contractors/documents/BLC-GuarantyAgreementPolicy.pdf>

\_\_\_\_\_ **Line of Credit** (page 9) – Must be in exact format and may be used for the following (*if needed*)

- Option available to “Supplement” Working Capital (does not supplement net worth)

\_\_\_\_\_ **Certificate of Insurance - Attached**

- General Liability (Must list the Board as Certificate Holder)
- Workers’ Compensation Proof of Coverage; if not, must submit the following:
  - Worker’s Compensation Exemption Questionnaire (attach page 12)*
  - Construction Services Provider – Proof of Registration from: <http://tnbear.tn.gov/wc/>*

\_\_\_\_\_ **Power of Attorney** (page 10) (*if needed*)

- Required if the Qualifying Agent (QA) does not have majority ownership and is only an officer or full time employee. Note: If an interview with the Board is required, the owner is required to appear with the QA - Rule 0680-1-02(f)]

\_\_\_\_\_ **Corporations, LLC, and Limited or General Partnerships** (*if applicable*)

- Must attach proof of active registration with the Tennessee Secretary of State’s Office

\_\_\_\_\_ **Attach an Explanation** (*if applicable*)

- If this is not a new license: i.e. Reinstatement, Second Company, or Merger/Reorganization, detailing whether the present license is to be continued or is to be made invalid; or if a new license number is to be assigned, etc. Note: To add a classification or increase limit, apply for revision in lieu of applying for a new license.
- If there are felony convictions; complaint history; judgments; past disciplinary action, etc.

\_\_\_\_\_ **Make a Copy of Application Prior to Sending to the Board - \$250 Fee**

- Allow 5 to 7 business days for mail delivery. We recommend over-night delivery for tracking purposes.
- You may check the “License Search” from the website at: <http://verify.tn.gov/> to confirm receipt
- Enclose a check or money order (*no cash*) in the amount of **\$250.00** (*nonrefundable*) payable to the “State of Tennessee” and send to the Board’s mailing address at:

Tennessee Board for Licensing Contractors  
500 James Robertson Pkwy.  
Nashville, TN 37243-1150

Telephone: 800-544-7693 or (615) 741-8307 or Email: [Contractor.App@tn.gov](mailto:Contractor.App@tn.gov)