

**METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY
DEPARTMENT OF CODES ADMINISTRATION**

**METROPOLITAN APPLICATION FOR REGISTRATION
STATE ALARM CONTRACTOR**

Name of Qualifying Agent (Print/Type) _____ Certificate Number _____ Date _____

Home Address _____ (_____) _____
Area Code Home Phone Number

City _____ State _____ Zip Code _____

Will you be employed other than as the License Holder for the firm listed below? Yes No _____
If so, by whom? _____ Number of hours per week? _____

Signature of Qualifying Agent

I / We hereby make application as a Registered State Alarm Contractor.

Firm Name _____

Firm's Address _____ Phone No. () _____

City _____ State _____ Zip Code _____

I hereby certify that the above information is true to the best of my knowledge, and the above Metropolitan State Alarm License Holder is employed full time, and I further attest to the validity of the above signature.

Sole Proprietor, Partner, or Corporate Officer must sign here

DOCUMENTATION REQUIRED: Please provide a copy of the State of Tennessee Qualifying Agents license with photograph along with a copy of the Company License showing all classifications with the State of Tennessee Alarm Contractors Board. Incomplete Applications will not be accepted.

STATE OF _____
COUNTY OF _____

Personally appeared before me, _____, a Notary Public in and for said State and County, the within named, _____ has the authority and thereby executed the within instrument for the purpose therein contained.

Sworn to and subscribed before me this _____ day of _____, 20____
NOTARY PUBLIC _____ My Commission Expires _____

Please submit this Registration to:

The Department of Codes and Building Safety
Permit Division
800 2nd Avenue, South
P.O. Box 196350
Nashville, Tennessee 37219-6350
permitissuance@nashville.gov or (615) 862-6517