



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION**

Administrative Services Section
500 James Robertson Parkway, 3rd. Floor
Nashville, TN 37243
Phone (615) 741-2981 – Fax (615) 741-1583

CODE INSPECTOR COURSE SUBMITTAL FORM

Date: _____

NUMBER & TYPE OF CONTACT HOURS ASKED FOR:

FIRE	Core:	Elective:	BUILDING	Core:	Elective:
PLUMBING	Core:	Elective:	MECHANICAL	Core:	Elective:

COURSE #: _____ **Hrs. Approved:** _____ **Approved By:** _____

COURSE TITLE: _____

DATES(S) OF COURSE(S): _____

LOCATION OF COURSE(S): _____

INSTRUCTOR'S NAME: _____

Sponsoring Agency: _____

**PERSON(S) REQUESTING
APPROVAL FOR
CONTACT HOURS:** _____

ADDRESS: _____

PHONE # ()

FAX # ()

e-mail

INSTRUCTOR'S INFORMATION

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Education:

Work History:

Teaching Experience (last 5 years):
