

# Certified Application Assistant Application

## Safe at Home Address Confidentiality Program

### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

sos.tn.gov/safeathome



Tre Hargett  
Secretary of State

This application must be submitted to the Safe At Home Address Confidentiality Program. Applications may be submitted by mail, via email to [TNSOS.SAFE@tn.gov](mailto:TNSOS.SAFE@tn.gov), or in person at a Certified Application Assistant Training event. Once all required training has been completed, a certificate demonstrating that the applicant is an approved Application Assistant

### APPLICANT INFORMATION

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County(s): \_\_\_\_\_

If not employed by an agency or organization that serves victims of domestic abuse, stalking, human trafficking, or other sexual crimes, provide contact information for the organization with which the applicant regularly volunteers.

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County(s): \_\_\_\_\_

Employment/Volunteer Experience: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Hrs.

List any other organizations with which the applicant is employed or regularly volunteers. (Please also provide an address.)

Does the Applicant hold a Professional License, Degree, or other relevant certifications? If yes, list below.

Has the Applicant participated in a Certified Application Assistant Training Session?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**APPLICATION INFORMATION**

By checking the boxes below, I certify that understand and will abide by the following:

- Certified Application Assistants are not permitted to provide legal advice or legal services to any potential program participant or other individual with respect to the Safe at Home Address Confidentiality Program, unless that Certified Application Assistant is otherwise licensed to provide such advice or services.
- Applicants for certification as a Certified Application Assistants may not provide application assistance to any potential program participant or other individual without first attending all required training presentations and receiving an Application Assistant Certificate from the Office of the Secretary of State.
- Certified Application Assistants must ensure, to the best of their ability, that all information provided on an Application for program participation on behalf of another is complete and accurate before such application is submitted to the Office of the Secretary of State.

**APPLICANT SIGNATURE**

State of Tennessee, County of \_\_\_\_\_ . Affiant makes oath or affirmation as follows:

- By checking this box, I attest that the information contained within this application is true and correct to the best of my knowledge.

**Affiant's Signature**

**Date**

**Notary Signature**

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_.

Affix Notary Seal Here