



**STATE OF TENNESSEE**  
**Department of Commerce and Insurance**  
**BOARD OF EXAMINERS FOR LAND SURVEYORS**  
500 James Robertson Parkway  
Nashville, TN 37243-1146  
615-741-3611  
Fax: 615-532-9410  
[www.tn.gov/commerce/boards/surveyors](http://www.tn.gov/commerce/boards/surveyors)

**REQUEST TO RE-TAKE THE LAND SURVEYORS EXAMINATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF LAST EXAMINATION: \_\_\_\_\_

NUMBER OF TIMES TAKEN: \_\_\_\_\_

List additional experience since last application:

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

List all seminars, courses and workshops you have attended since last taking the examination:

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

List all books you have studied and the amount of time you have studied since last taking the examination:

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I AM REQUESTING TO RE-TAKE THE LAND SURVEYORS EXAMINATION IN

\_\_\_\_\_.  
Date

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

\_\_\_\_\_  
Date

***RECOMMENDED FOR RE-EXAMINATION***

<b>BOARD MEMBER</b>	<b>DATE</b>	<b>APPROVED</b>	<b>DISAPPROVED</b>