STATE OF TENNESSEE
Department of Commerce and Insurance
BOARD OF EXAMINERS FOR LAND SURVEYORS
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243-1146
615-741-3611
Fax: 615-532-9410
http://state.tn.us/commerce/boards/surveyors/

STATE BOARD OF VERIFICATION

_____
(State)

The person whose name and address appear below has made application for licensing with the ***Tennessee Board of Examiners for Land Surveyors*** and states that he/she is licensed to practice Land Surveying in your state.

APPLICANT _____

ADDRESS _____

_____

Please furnish the Tennessee board with the following information regarding the above named applicant.

1. Written Examination	**Hours**	**Results/Final Grade**	**NCEES**	**Date of Exam**
FLS	_____	_____	_____	_____
PLS	_____	_____	_____	_____
State/Other	_____	_____	_____	_____

2. _____ FLS accepted from _____

3. _____ PLS accepted from _____

Has the above name ever been disciplined by your Board or is disciplinary action pending? _____
If yes, please explain on reverse side.

Signed by _____

Title: _____ (BOARD SEAL)

Date: _____

If a fee is required, please notify the applicant, but do not delay the processing of this form.

STATE BOARD RESPONDING *– Please mail this form directly to the Tennessee board office –* ***DO NOT*** *return to the applicant.*