STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

# Architectural Registration — Reapplying

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

## Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience, and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office. **We do not grant temporary licenses.** You must be registered prior to the offering or rendering of services.

## Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated,* Title 62, Chapter 2.

## NCARB Council Record

Contact the National Council of Architectural Registration Boards (NCARB) to have your Council Record submitted to the Board office. You must complete the application in its entirety including the education, experience, and reference sections of the application.

## Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance.**

- Application Fee - **$55** (nonrefundable fee that must accompany the application)
- Biennial Registration Fee - **$140** (if approved)

Submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for re-registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of $195.00. Submit the application and accompanying forms, with fees, to the address on the applications.

## Notice Regarding Disclosure of Social Security Numbers

Federal and state laws, including 42 U.S.C. § 405(c)(2)(C)(i), 42 U.S.C. § 666(a)(13), T.C.A. §§ 36-5-711 and 36-5-1301, require disclosure of the social security number for the purpose of administering the state child support program. The social security number will be redacted prior to making your record available for public inspection.

## Forms

**(1) Application Form –**

- Fill out the application form completely (online or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information regarding your architectural design work and responsibility on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not.

**(2) Eligibility Verification for Entitlements –**
If you are a natural person applying for a license, registration, certification or other benefit you must "Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States…" Specific instructions are on the three (3) pages following the application.

Submit the appropriately signed form (page 2) and documents, if required, with the application.

**(3) Reference Form –**

- Submit five references, in addition to the references in your NCARB record from persons acquainted with your technical ability and character.
    - Three of the five references must be from registered architects.
    - No more than three (3) references can be from your current employer.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References may be e-mailed to wanda.garner@tn.gov or frances.p.smith@tn.gov.
- References from relatives are not acceptable.

You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

**(4) Affidavit Regarding Expired License –**
You must submit an affidavit stating whether you have practiced or offered to practice architecture in Tennessee since your certificate of registration expired.

**(5) The Summary Log of Continuing Education Activities –**
You must have a minimum of twenty-four professional development hours with a majority of the hours (13) addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

**(6) Firm Disclosure Forms –**
If your firm does not have a valid disclosure form on file with the Board office, you will need to submit the appropriate disclosure with your application. A search for valid firms can be made by clicking here. See the last three (3) pages of this application package for more information and firm disclosure forms.

## Professional Privilege Tax

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue VIA E-MAIL.

Click here for additional information.

## Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application.

## Review Procedure

When your application packet is complete, it will be circulated among the architect members of the Board for review. The review may take up to three weeks.

## Board Contact

If you have questions about any of this information or about your application, call Wanda Garner or Frances Smith, Architect Applications Coordinators, at 800-256-5758, 615-741-3221, or send an e-mail: wanda.garner@tn.gov or frances.p.smith@tn.gov.

Updated May 2015

State of Tennessee
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1142

# APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ARCHITECT

*Type or print legibly*

Full Name _____ Mr. ☐ Ms. ☐
Last First Middle

Social Security Number _____

Residence Address _____ City/State/Zip _____

Residence Phone No._____

Business Affiliation _____

Business Address _____ City/State/Zip _____

Business Phone No. _____ Fax Number _____

E-mail Address _____

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English? Yes

I am applying for registration by:

☐ **Examination**

Have you completed the Intern Development Program? No

Do you require special accommodations for the examination? No

☐ **Comity** (for applicants registered in another jurisdiction)

☐ **Reapplying** (if previously registered in Tennessee)

Previous registration number_____ Expiration Date: _____

NCARB Certificate No. _____ Council Record holders are still required to complete the entire application.

Applicant's Full Name _____

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, please list name(s) and date(s) of change _____

Have you passed a written NCARB exam?

If so, name state and year _____

In what states are you registered? _____
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them.

_____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? If yes, please provide additional documentation to the Board office.

If so, name state and year _____

Have you ever been convicted of a felony?

If so, name place and year _____

EDUCATIONAL BACKGROUND

| Colleges, Universities, Technical Schools | Dates of Attendance (From-To) | Date of Graduation | Degree Received |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's Full Name _____

**EXPERIENCE**

*List each engagement* ***in chronological order beginning with first*** *engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.*

| Dates of Employment | Total Time Employment | Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility | Name, Title, and Address Of Supervisor |
|---|---|---|---|
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

**EXPERIENCE**

*List each engagement* ***in chronological order beginning with first*** *engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.*

| Dates of Employment | Total Time Employment | Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility | Name, Title, and Address Of Supervisor |
|---|---|---|---|
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

**EXPERIENCE**

*List each engagement* ***in chronological order beginning with first*** *engagement. Provide detailed information of progressive experience on architectural design projects to enable evaluation of your experience.*

| Dates of Employment | Total Time Employment | Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility | Name, Title, and Address Of Supervisor |
|---|---|---|---|
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name _____

*List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered architects. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.*

| References | State of Registration | Employer, Past Employer, Client, etc. | Complete Address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**APPLICATION AND LAW AND RULES AFFIDAVIT**

I hereby make application for registration as an architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated,* Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners.*

_____
Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____day of _____

_____
Notary Public

My commission expires _____

STATE OF TENNESSEE DEPARTMENT OF
COMMERCE AND INSURANCE REGULATORY
BOARDS DIVISION
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243

# Eligibility Verification for Entitlements Act Attestation Instructions

INSTRUCTIONS: If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

   AND

Do one (1) of the following:

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**

3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.

4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (J) such document that shall then be verified through the SAVE program.
   or

5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

# Eligibility Verification for Entitlements Act Attestation

Part A. Eligibility Verification for Entitlements Act Attestation

I hereby attest under penalty of perjury that I am (select one):

☐ A United States citizen;

☐ A qualified alien as defined in Tenn. Code Ann.§ 4-58-102;[1]

☐ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

_____
Applicant's Signature

_____ _____
Printed Name Date

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq.***

[1] Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 162l(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April1,1980;
- An alien who is a Cuban and Haitian entrant {as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq.];*
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(S)] for less than one year.

Eligibility Verification for Entitlements Act Additional Required Documentation

Part B. If you are claiming United States citizenship, you must present one (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July I, 2010, shall not be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 orN578);
- A United States citizen identification card (1-197, 1-I 79);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:

- I-327 (Reentry Permit);
- 1-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- 1-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary 1-551 Stamp (on passport or 1-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.

Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1142
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# REFERENCE

## THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re:_____
(Print or Type Name of Applicant)

Dear _____

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

practice
- ☐ architecture
- ☐ engineering
- ☐ landscape architecture

Please send the information requested on the second page directly to the Board office. I have attached a copy of the experience page(s) from my application for verification purposes. Please return the experience page(s) to the Board office with the completed reference form. *If more space is needed, please do not write on the back; use a separate sheet of paper.*

_____
(Signature of Applicant)

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Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see page 2)

Applicant's name _____

## TO BE COMPLETED BY THE REFERENCE

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From _____ to _____ inclusive
2. Are you in any way related to the applicant? _____ What relationship?_____
3. What has been your connection with the applicant? _____

_____

4. Is the applicant's experience description listed on the application consistent with your knowledge of his or her experience? ☐ Yes ☐ No ☐ Unknown

Comments: _____

_____

5. How would you rate the applicant's:

| | Above Average | Average | Below Average | Unsatisfactory | Unknown |
|---|---|---|---|---|---|
| Quality of Work | ☐ | ☐ | ☐ | ☐ | ☐ |
| Technical Knowledge | ☐ | ☐ | ☐ | ☐ | ☐ |
| Professional Integrity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Character & Reputation | ☐ | ☐ | ☐ | ☐ | ☐ |

6. To your knowledge, has the applicant ever been convicted of a felony? _____
7. Would you employ the applicant in a position of trust? _____
8. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? _____
9. If the applicant is in individual practice, please indicate the nature of the practice: _____

_____

10. Do you recommend the applicant for registration? _____
11. Remarks concerning the applicant: _____

_____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

a. My full name is _____
(to be typewritten or printed)

b. My present employer is _____

c. My title or position is _____

d. I am/am not a registered
☐ architect
☐ engineer
☐ landscape architect in the State of _____ License No. _____

_____ _____
(Signature) (Date)

_____
(Address—please include an e-mail address or phone number)

_____

STATE OF TENNESSEE
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http://www.tn.gov/regboards/ae

# AFFIDAVIT REGARDING EXPIRED LICENSE

I, _____, being duly sworn, and being employed by

_____

testify that ___I have practiced ___architecture

___I have not practiced ___engineering

___landscape architecture

in the State of Tennessee since my Tennessee certificate of registration, number _____ expired on _____. I agree that I will not practice or offer to practice the profession checked above in Tennessee until I obtain a new certificate of registration to practice in the State of Tennessee.

_____
Signature of Applicant

State _____

County of _____

Sworn to and subscribed before me this _____day of _____

My commission expires _____ _____
Notary Public

IF YOU HAVE PRACTICED ON AN EXPIRED LICENSE, PLEASE EXPLAIN IN A SEPARATE LETTER TO THE BOARD.

A DECISION CANNOT BE MADE ON YOUR NEW APPLICATION UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.

State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)

_____, _____ to _____, _____

| DATE(S) OF ACTIVITY | DESCRIPTION OF ACTIVITY (Title and instructor) | SPONSORING ORGANIZATION (Name and address) | NUMBER OF PDH'S EARNED | HOW MANY OF THE PDH'S REPORTED IN THE PREVIOUS COLUMN ARE IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | **TOTAL** | | |

**CERTIFICATION**

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

**Signature:** _____ **Date:** _____ **Profession AND Previous Registration No.:**_____

**Printed Name:** _____ **Certificate of Registration Expiration Date:** _____

**Mailing Address**_____

IN-1457

State of Tennessee
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# CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE

## LAW AND RULES

The firm disclosure form is required of corporations, partnerships, and firms practicing or offering to practice architecture, engineering, and/or landscape architecture in the state of Tennessee in accordance with *Tennessee Code Annotated* (T.C.A.) Title 62, Chapter 2, Part 6, Sections 62-2-601 and 62-2-602, and Chapter 0120-06 of the Rules of the State Board of Architectural and Engineering Examiners. The firm must have one Tennessee registrant in responsible charge of the firm's Tennessee practice.

An individual practicing in his or her own name as a sole proprietorship is not required to submit a disclosure form. Also, firms offering only interior design services are not required to file a disclosure with the Board.

The law and rules can be accessed from our home page listed above.

## FIRM DISCLOSURE

This form is for firm disclosure, not firm registration. No fee is required.

Only officers and principals who are employed full-time for a minimum of thirty (30) hours per week and who hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is defined as an architect, engineer or landscape architect registered in this state who has the authority to make independent design decisions. A principal is not required to be an officer in the firm.

- The person in responsible charge must be registered in the profession in which services are being offered.

- A person may be in responsible charge of more than one firm only if the firms are at the same physical location.

- A registrant who renders occasional, part-time, or consulting services to or for a firm may not be designated as an officer or principal in responsible charge.

- Corporations, partnerships and firms maintaining any place of business in this state must have a full-time registrant in responsible charge at any and each place of business.

## FORM

The form that follows these instructions may be completed online. The form must then be printed and signed. The completed form may be mailed or faxed to the Board address above, or submitted electronically to cynthia.toombs@tn.gov.

Please retain a completed copy for your records. Advise the Board, in writing, within sixty (60) days of any address change. Submit a new firm disclosure if reporting any other changes such as a firm/company name change, changes in registration status of principals or officers, changes in principals or officers who are designated to be in responsible charge, etc.

## BOARD CONTACT

If you have any questions regarding the firm disclosure requirements, please contact Cindy Toombs, Firm Disclosure Coordinator, at the phone numbers listed above or by e-mail at cynthia.toombs@tn.gov

Updated February 2013

State of Tennessee
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# Corporation, Partnership and Firm Disclosure

**Required by *Tennessee Code Annotated,* Section 62-2-601**

Each place of business providing or offering architectural, engineering, or landscape architectural services to the public in Tennessee must file a firm disclosure form.

A. Complete one form for each type of professional design service offered to the public in Tennessee.

Check one: ☐ Architecture ☐ Engineering ☐ Landscape Architecture

B. Check one:

☐ New Disclosure

☐ Update (indicate nature of change below):

☐ Firm Name Change (give previous name, if different from current name): _____

☐ Changing Person in Responsible Charge ☐ Adding Person in Responsible Charge

☐ Changing Officers and/or Principals

C. Name of Firm _____

Doing business as _____

This firm is (please check one): ☐ A Business Corporation; ☐ A Professional Corporation; ☐ A Partnership; ☐ A Sole Proprietorship; ☐ Other (please explain) _____

Address: _____

_____

_____

_____

Telephone Number Fax Number

_____

Website Address (optional)

D. Names, Titles, Addresses of <u>all</u> Officers and/or Principals. Include Tennessee registration numbers for those holding Tennessee registration. (Attach additional sheet if necessary)

_____

_____

_____

E. I am the active, full-time Tennessee licensee in responsible charge of the firm's practice in Tennessee who is registered to practice the profession indicated in section A and located at the address indicated in section C.

_____

Type or Print Name Title TN Registration Number

_____

Registrant's E-Mail Address

_____

Signature Date

**You are required to advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.**