State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142
1-800-256-5758 615-741-3221 615-532-9410 (Fax)

# Professional Engineer Registration by Comity

**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

Tennessee **does not grant temporary licenses.** You must be registered prior to the offering or rendering of professional engineering 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. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, be sure you have met the minimum requirements for registration, because the application fee is **not refundable.**

## Applicants with Foreign Degrees

Rule 0120-1-.10 states that engineering degrees that are not accredited by the Accreditation Board for Engineering and Technology (ABET) shall be referred at the applicant's expense to a person or an entity approved by the Board and qualified to evaluate equivalency to an ABET-accredited engineering program for evaluation and recommendation. The Board has approved the Center for Professional Engineering Education Services (CPEES), an affiliate of the National Council of Examiners for Engineering and Surveying (NCEES), to evaluate foreign undergraduate engineering degrees. For further information regarding the evaluation process, contact CPEES at the address below:

P.O. Box 720010
Miami, FL, 33172
Phone: 800-464-7650
Website: www.cpees.org
E-mail: centersupport@ncees.org

## Verification

The Board will request verification from the state board(s) where you passed the Fundamentals of Engineering and Principles and Practice of Engineering examinations. If the state board charges a fee to provide verification, a form will be sent to you to submit to the appropriate state board with your fee.

## NCEES Council Record

A Council Record is not required; however, if you do have one, contact the National Council of Examiners for Engineering and Surveying (NCEES) 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. You do not, however, have to request that a transcript be sent to the Board office. We will accept the references in your Council Record provided they meet our requirements (Rule 0120-1-.09) and are less than two years old as well as verification of exam and registration information.

## Fees

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

- Application Fee – **$55** (nonrefundable fee)
- Biennial Registration Fee – **$140** (if approved)

You must 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 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, with fees, to the address on the application form.

## Forms

**(1) Application Form –**

- Fill out the application form completely (on-line 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 progressive engineering design work and responsibility on projects, to enable evaluation of experience. All time/experience must be accounted for whether it is related to engineering or not.

**(2) Reference Form** –

- Submit five (5) references from persons acquainted with your technical ability and character.
  - Three references must be from registered engineers and
  - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).

- 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 to the Board office.

**(3) Request-For-Transcript Form –**

Submit the Registrar's letter to each post-high school institution attended. Your transcript(s) must be submitted directly to the Board office from each institute attended.

**(4) Firm Disclosure Form** –

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 pages 13-15 for more information and firm disclosure form.

## Review Procedure

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

## 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.

## Board Contact

If you have questions about any of this information or about your application, call Wanda Phillips, Engineer Applications Coordinator, at 800-256-5758, 615-741-5497, or send e-mail: wanda.phillips@state.tn.us.

Updated June 07

State Of Tennessee
Board Of Architectural And Engineering Examiners
Department Of Commerce And Insurance
500 James Robertson Parkway, Third Floor
Nashville, Tennessee 37243-1142

# APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ENGINEER

*Type or print legibly*

Full Name _____
Last First Middle

Social Security No. _____ Date of Application _____

Residence Address _____ City _____

State/Zip _____ County _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City _____

State/Zip _____ Official Capacity _____

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 ___No

I am applying for registration by:

___Examination and wish to be examined in the discipline of _____engineering to be administered

_____ at _____
date exam location

Emergency contact (name and phone number): _____

Do you require special accommodations in taking an examination? ___Yes ___No

___Comity ___Reapplying ___I have an NCEES Council Record (optional).

**(For Board use only– Please do not write below this line.)**

| **Board Review – Examination** | | | | **Board Review – Registration** | | | |
|---|---|---|---|---|---|---|---|
| Board Member | Date | Aprvd | Dis-aprvd | Board Member | Date | Aprvd | Dis-aprvd |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Full Name _____

**All information MUST comply with instructions or the application will be returned.**

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

Have you passed the Fundamentals of Engineering (EIT) examination? ___Yes ___No

If so, name state/territory and year _____

Have you passed a written professional examination? ___Yes ___No

If so, name state/territory 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 _____

_____

List membership in technical or professional organizations _____

_____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

___Yes ___No

If so, name state and year _____

Have you ever been convicted of a felony? ___Yes ___No

If yes, submit a letter of explanation and a certified copy(ies) of the judgment(s).

**EDUCATIONAL BACKGROUND**

| Name and Address of Institution | Attendance (From - To) | Date of Graduation | Major Course | Degree Received |
|---|---|---|---|---|
| | | | | |
| | | | | |

Full Name _____

**EXPERIENCE**

*List each engagement* ***in chronological order beginning with first*** *engagement. Provide detailed information of progressive experience on engineering 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 | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

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

Full Name _____

**EXPERIENCE**

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|---|---|---|---|
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

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

Full Name _____

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|---|---|---|---|
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |
| | Years<br>----------<br>Months | | |

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

Full Name _____

## REFERENCES

*List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered engineers. 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 | Complete Address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an engineer 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.*

Attach a photograph taken in the last 12 months

HEAD AND SHOULDERS ONLY

_____
Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____day of _____

_____
Notary Public

My commission expires _____

State of Tennessee
Board of Architectural and Engineering Examiners
Department of Commerce and Insurance
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800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

# 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 next page directly to the Board office.

_____
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.

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. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?

   _____

   _____

   _____

5. What is your opinion of the applicant's personal integrity and general character? _____
6. Please give your estimate of the applicant as an ___ architect ___ engineer ___ landscape architect. _____

   _____

   _____

   _____

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

    _____

11. Do you recommend the applicant for registration? _____
12. 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. _____

_____ (Date)

_____ (Signature)

_____
(Address)

_____

_____

_____

THE REGISTRAR

_____

_____

_____

I am applying for registration as a/an

☐ architect ☐ engineer ☐ engineer intern ☐ interior designer ☐ landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my academic record.

I attended _____ from _____ to _____
College or University Date Date

and graduated on _____ with_____ degree in_____
Date Type of Degree

under the name of _____.

My social security number is _____.

I will appreciate your forwarding a transcript of my record as soon as possible to:

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

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,

State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)
www.state.tn.us/commerce/boards/ae

# CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE

## Law

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. Firms offering only interior design services are not required to file a disclosure with the Board.

The firm must have one Tennessee registrant in responsible charge of the firm's Tennessee practice, even if the firm uses the plural form of "architect", "engineer", or "landscape architect". If the firm's name incorporates individuals' names in conjunction with the plural form of architect, engineer, or landscape architect (for example, Smith and Jones Architects), it is not necessary for each named person to be registered, so long as the firm name, taken as a whole, is not misleading to the public, and there is at least one Tennessee registrant at the firm.

The law can be accessed from our home page listed above or you may obtain a copy by contacting the Board office at the address 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 and hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is considered to be an individual who has the authority to make independent design decisions. He/She 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 cannot be in responsible charge of more than one office.

## Tennessee Branch Office Disclosure

The Tennessee branch office form (Attachment A) should only be completed if: 1) the out-of-state firm has branch offices in Tennessee, or 2) a Tennessee-based firm has more than one office in Tennessee.

- A branch office form (Attachment A) should be completed for each branch office (city or town) located in Tennessee from which professional design services are offered to the public.

- The registrant in responsible charge of a Tennessee branch office is not required to be an officer or principal.

## Forms

The form(s) that follow these instructions may be filled out online. The forms must then be printed and signed. The Board does not accept electronic document filing of the disclosure form; the completed form must be mailed to the address above.

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 Frances Smith, Firm Disclosure Coordinator, at the phone numbers listed above or by e-mail at frances.p.smith@state.tn.us.

State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)
http://www.state.tn.us/commerce/boards/ae/index.html

# 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 (give previous name, if different from current name):

_____

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) Firm's E-mail Address

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 registrant who is an Officer and/or Principal in responsible charge of the firm's practice in Tennessee and who is registered to practice the profession indicated in section A.

_____

Type or Print Name Title TN Registration Number

_____

Office Address

_____

Telephone Number Fax Number Registrant's E-Mail Address

_____

Signature Date

F. List any and each branch office (city or town) located in Tennessee from which professional design services are offered to the public. Attachment "A" must be completed for each location. _____

_____

Please advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.