

Sole Proprietorship, Partnership or Corporation Disclosure Required per TCA 62-18-207(a)

A sole proprietorship, partnership or corporation that provides soil science services as defined in this part as its primary activity shall file with the commissioner, a list of the names and addresses of all resident principals or officers who are licensed as professional soil scientists in Tennessee and are in responsible charge of the services provided. For the purposes of the above-mentioned rule, the term "soil science services" means the same as provided in TCA 62-18-203 under the term "practice of soil science."

Soil Scientist's Name		License No	
A. Name of Firm:			
This firm is (please check one):	Sole Proprietorship	Partnership	
Corporation	None Other (please ex	xplain)	
Address of the firm office:			
Telephone Number		Fax Number	
Website Address		Firm's Email Address	
	fficers and/or principals. Include Tenness nses (attach additional sheet if necessary)	see license numbers for those holding Tennessee).	
		ipal in responsible charge of the firm's practice in	
Tennessee and who is licensed to	o practice soil science in the state of Teni	nessee.	
Type or Print Name	Title	TN License Number	
Office Address			
Telephone Number	Fax Number	Licensee's Email Address	
Signature		Date	

Please advise the Board office, in writing at the address above, of ANY changes in the above information.