



State of Tennessee

Department of Commerce and Insurance

Board of Architectural and Engineering Examiners

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[www.tn.gov/commerce/section/architects-engineers](http://www.tn.gov/commerce/section/architects-engineers)

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**REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION**

From: TN Board of Architectural and Engineering Examiners

To: (Board Making Certification)

_____	(Name)
_____	(Street Address)
_____	(City, State, Zip)
_____	(SS# Last Four Digits) (DOB)

I. The above named person was registered as:

	Certificate Number	Date Issued	Valid Until
Professional Engineer	_____	_____	_____
Engineer Intern	_____	_____	_____

II. Minimum requirements were:

Written examination prepared by:	Exam	Final Score*	Date of Exam
NCEES Board	_____ Hrs. PE	_____	_____
	_____ Hrs. FE	_____	_____

Examination option or discipline \_\_\_\_\_

FE accepted from \_\_\_\_\_

Comity or Reciprocity with \_\_\_\_\_

Other: (Please explain) \_\_\_\_\_

III. Has the above named person been subject to any disciplinary action? Yes No

IV. Remarks: \*(If any NCEES grades were adjusted, please explain.) \_\_\_\_\_

By: \_\_\_\_\_

(Board Seal) Title: \_\_\_\_\_

Date: \_\_\_\_\_