



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

CLIENT REFERENCE FOR INTERIOR DESIGNER

(to be completed by a client)

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear _____

I will be applying to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer. Please complete this form and return to me so that I may submit it along with my application, as required.

(Signature of Applicant)

Board Statement to Reference:

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 toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee. Please complete this form and return it to the applicant.

The applicant, _____
(Name of Applicant)

- | | | |
|---|-----|----|
| • Successfully consulted with me as a client about my project requirements and budget. | Yes | No |
| • Presented a solution to my project requirements, such as: floor plans; furniture specifications and plans; fabric selections; lighting specifications and plans; finish specifications. | Yes | No |
| • Completed the project and conducted himself/herself in a professional and ethical manner. | Yes | No |
| • I enlisted the service of the applicant for the following dates, or time frame. _____ | | |
| • Are you in any way related to the applicant? | Yes | No |

Applicant's Name: _____

Please provide a brief but detailed description of his/her duties.

RECOMMENDATION (CHECK ONE)

I recommend the applicant as competent as an Interior Designer. Additional comments: _____

I do not recommend the applicant for licensure. Reason: _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer.

Date _____ Signature _____