

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) www.tn.gov/commerce/boards/ae

PROFESSIONAL REFERENCE FOR INTERIOR DESIGNER

(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 as a registered interior designer.

Please send the completed form back to me so I may upload it with my application, per Board instruction.

(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, gualified to use the title Registered Interior Designer in Tennessee.

1. In what capacity have you known the applicant?

> client through professional society membership other (explain) employer

How long have you known the applicant to be engaged in the practice of interior design or to have used 2. the title interior designer? From_____ То

Are you in any way related to the applicant? Yes 3. If yes, how? No

What is your opinion of the applicant's personal integrity and general character? 4.

- To your knowledge, has the applicant ever been convicted of a felony? 5.
- 6. Would you employ the applicant in a position of trust?
- 7. If the applicant is in individual practice, please indicate the nature of such practice.

The following are areas of experience of a professional interior designer. Select the option from the drop-down menu that applies to the level of experience the applicant exhibited according to your knowledge of the applicant for the period of time claimed above.

- 1. PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.
- 2. DESIGN ANALYSIS AND DEVELOPMENT, such as: development of design concept, space planning.
- 3. SPECIFICATION OF FURNISHINGS AND MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics and equipment.
- 4. CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.
- 5. PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, details, producing specifications and/or purchase orders.
- 6. PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

RECOMMENDATION (CHECK ONE)

I recommend the applicant as qualified and competent. Additional comments:

l do not	recommend the applicant for licensure becau	ISE	
My Firm Na	me	Bus. Phone	
•	me		
Address			