



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1142
800-256-5758 615-741-3221 (NASHVILLE AREA)

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 _____ to practice landscape architecture.

Please e-mail the information requested on the second page directly to ce.aeboard@tn.gov. *If more space is needed use a separate sheet of paper.*

(Signature of Applicant)

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 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 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. How would you rate the applicant's:

Above Average	Average	Below Average	Unsatisfactory	Unknown
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Quality of Work _____

Technical Knowledge _____

Professional Integrity _____

Character & Reputation _____

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

9. Do you recommend the applicant for registration? _____

10. 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 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. Are you a registered ___ architect ___ engineer ___ landscape architect or ___ none of these? If so, enter the name of the state in which you are registered along with the license number. _____

(Signature)

(Date)

(Address—please include an e-mail address or phone number)