



Tennessee Department of Commerce & Insurance  
Board of Examiners for Land Surveyors  
500 James Robertson Parkway  
Nashville, TN 37243-1146

### APPLICATION FOR HARDSHIPS AND EXEMPTIONS

PRINT OR TYPE information requested in items 1, 2, 3, 4. Make sure licensee's name is given exactly as it is on the license

1. Licensee's Name \_\_\_\_\_
2. Licensee's Mailing Address \_\_\_\_\_  
\_\_\_\_\_
3. Licensee's SSN \_\_\_\_\_
4. Licensee's Email Address \_\_\_\_\_

5. CHECK THE BOX BESIDE THE EXEMPTION FOR WHICH YOU ARE APPLYING:

- a. This application is for an exemption from continuing education based on my age. My signature below certifies that I am sixty-five (65) years of age or older who also has twenty-five (25) or more years of active licensure, provided that the adequate supporting documentation is furnished to the board. Licensees under this exemption must still obtain the two (2) PDHs relative to surveying ethics and standards of practice as provided by rule 0820-05-.03(1).

Licensee's Date of Birth: \_\_\_\_\_

Original Date of Issuance of License: \_\_\_\_\_

**Documentation may be required if our records do not reflect this date or continuous licensure.**

- b. This application is for an exemption from continuing education due to one of the following:

\_\_\_\_ Illness, medical disability, other extenuating circumstances as reviewed and approved by the board, provided that adequate documentation is furnished to the board.

\_\_\_\_ Non-career military licensee serving on active duty in the armed forces of the United States for a period of one hundred (120) consecutive days in a calendar year, provided that the adequate supporting documentation is furnished to the board.

**DOCUMENTATION REQUIRED AS APPLIES:**

(A). Statement of the exact nature of the illness, medical disability or other extenuating circumstances beyond the control of the licensee's control that have prevented or will prevent the licensee from completing the required hour with the two year biennial renewal period,

(B). Evidence in the form medical reports from attending physician or evidence through insurance claims regarding the illness or disability of the licensee and other documentation as determined regarding circumstances beyond the control of the licensee.

(C). Statement as to whether the licensee will or will not be able to perform activities as a land surveyor.

(D). Estimated date when the licensee will be able to perform and activities including any acts of a professional land surveyor in accordance with the medical reports or other documents pertaining to circumstances beyond the control of the licensee.

(E). Copy of order to active duty, expected duration of assignment, and any other information licensee thinks will assist the department.

6. Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

**THE DEPARTMENT RETAINS THE RIGHT TO AUDIT ANY EXEMPTION GRANTED AT ANY TIME**