



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## Landscape Architect (Reapplying)

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office.

Tennessee **does not grant temporary licenses**. You must be registered prior to the offering or rendering of professional landscape architectural services.

### Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2.

### CLARB Council Record

Contact the [Council of Landscape Architectural Registration Boards](#) (CLARB) to have your Council Record submitted to the Board office. You must complete the application in its entirety including the education, experience, and reference sections of the application.

### Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance**.

- ◆ Application Fee - **\$55** (nonrefundable fee that must accompany the application)
- ◆ Biennial Registration Fee - **\$140** (if approved)

Submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for re-registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00.

## Forms

### (1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information regarding your landscape architectural design work and responsibility on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to landscape architecture or not.

### (2) Reference Form –

- Submit two references (in addition to the references in your CLARB record).
  - Of the five references required, three must be from registered landscape architects, registered architects, or registered engineers who are personally acquainted with your technical ability and character.
  - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
  - No more than three (3) references can be from a place of employment.
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

### (3) Affidavit Regarding Expired License –

You must submit an affidavit stating whether you have practiced or offered to practice landscape architecture in Tennessee since your certificate of registration expired.

### (4) The Summary Log of Continuing Education Activities –

You must have a minimum of twenty-four professional development hours with a majority of the hours (13) addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

### (5) Firm Disclosure Forms –

If your firm does not have a valid disclosure form on file with the Board office, you will need to submit the appropriate disclosure with your application. A search for valid firms can be made by [clicking here](#). See pages 14-16 for more information and firm disclosure forms.

## **Pending Status**

An application that lacks required information or reflects a failure to meet any requirement will be held in a “pending” status for five (5) years from the date of the application.

## **Review Procedure**

When your application packet is complete, it will be circulated among the members of the Landscape Architect committee for review. The review may take up to eight weeks.

## **Professional Privilege Tax**

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue. [Click here](#) for additional information.

## **Board Contact**

If you have questions about any of this information or about your application, call Joyce Shrum, Landscape Architect Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail [joyce.shrum@tn.gov](mailto:joyce.shrum@tn.gov)

Updated September 2009



Full Name \_\_\_\_\_

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, please list name(s) and date(s) of change \_\_\_\_\_

Have you passed a written CLARB exam? Yes      No  
If so, name state and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? Yes      No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? Yes      No

If so, name place and year \_\_\_\_\_

**PROFESSIONAL/TECHNICAL AFFILIATIONS**

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**EDUCATIONAL BACKGROUND**

Colleges, Universities,  
Technical Schools

Dates of Attendance  
(From-To)

Date of  
Graduation

Degree  
Received

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Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects, or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	Complete Address
Current employer/supervisor	
Past employer/supervisor	

**APPLICATION AND LAW AND RULES AFFIDAVIT**

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



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. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_ architect \_\_\_ engineer \_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. 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, engineer 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. I am/am not a registered \_\_\_\_\_ architect  
\_\_\_\_\_ engineer  
\_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Address)



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<http://www.tn.gov/commerce/boards/ae>

## AFFIDAVIT REGARDING EXPIRED LICENSE

I, \_\_\_\_\_, being duly sworn, and being employed by

testify that	I have practiced	architecture
	I have not practiced	engineering
		landscape architecture

in the State of Tennessee since my Tennessee certificate of registration, number \_\_\_\_\_  
 expired on \_\_\_\_\_. I agree that I will not practice or offer to practice the  
 profession checked above in Tennessee until I obtain a new certificate of registration to practice in  
 the State of Tennessee.

\_\_\_\_\_  
 Signature of Applicant

State \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

IF YOU HAVE PRACTICED ON AN EXPIRED LICENSE, PLEASE EXPLAIN IN A SEPARATE LETTER TO THE BOARD.

A DECISION CANNOT BE MADE ON YOUR NEW APPLICATION UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.



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\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

DATE(S) OF ACTIVITY	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	NUMBER OF PDH'S EARNED	HOW MANY OF THE PDH'S REPORTED IN THE PREVIOUS COLUMN ARE IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY?
<b>TOTAL</b>				

**CERTIFICATION**

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Profession AND Previous Registration No.:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Certificate of Registration Expiration Date:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_



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## **CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE**

### **LAW**

The firm disclosure form is required of corporations, partnerships, and firms practicing or offering to practice architecture, engineering, and/or landscape architecture in the state of Tennessee in accordance with *Tennessee Code Annotated* (T.C.A.) Title 62, Chapter 2, Part 6, Sections 62-2-601 and 62-2-602. Firms offering only interior design services are not required to file a disclosure with the Board.

The firm must have one Tennessee registrant in responsible charge of the firm's Tennessee practice, even if the firm uses the plural form of "architect", "engineer", or "landscape architect". If the firm's name incorporates individuals' names in conjunction with the plural form of architect, engineer, or landscape architect (for example, Smith and Jones Architects), it is not necessary for each named person to be registered, so long as the firm name, taken as a whole, is not misleading to the public, and there is at least one Tennessee registrant at the firm.

The law can be accessed from our home page listed above or you may obtain a copy by contacting the Board office at the address above.

### **FIRM DISCLOSURE**

This form is for firm disclosure, not firm registration. No fee is required.

Only officers and principals who are employed full-time and hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is considered to be an individual who has the authority to make independent design decisions. He/She is not required to be an officer in the firm.
- The person in responsible charge must be registered in the profession in which services are being offered.
- A person cannot be in responsible charge of more than one office.

## TENNESSEE BRANCH OFFICE DISCLOSURE

The Tennessee branch office form (Attachment A) should only be completed if: 1) the out-of-state firm has branch offices in Tennessee, or 2) a Tennessee-based firm has more than one office in Tennessee.

- A branch office form ([Attachment A](#)) should be completed for each branch office (city or town) located in Tennessee from which professional design services are offered to the public.
- The registrant in responsible charge of a Tennessee branch office is not required to be an officer or principal.

### Forms

The form(s) that follow these instructions may be filled out online. The forms must then be printed and signed. The completed form may be mailed or faxed to the Board address above, or submitted electronically to [cynthia.toombs@tn.gov](mailto:cynthia.toombs@tn.gov).

Please retain a completed copy for your records. Advise the Board, in writing, within sixty (60) days of any address change. Submit a new firm disclosure if reporting any other changes such as a firm/company name change, changes in registration status of principals or officers, changes in principals or officers who are designated to be in responsible charge, etc.

### Board Contact

If you have any questions regarding the firm disclosure requirements, please contact Cindy Toombs, Firm Disclosure Coordinator, at the phone numbers listed above or by e-mail at [cynthia.toombs@tn.gov](mailto:cynthia.toombs@tn.gov).

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## Corporation, Partnership and Firm Disclosure

Required by *Tennessee Code Annotated, Section 62-2-601*

Each place of business providing or offering architectural, engineering, or landscape architectural services to the public in Tennessee must file a firm disclosure form.

A. Complete one form for each type of professional design service offered to the public in Tennessee.

Check one:  Architecture  Engineering  Landscape Architecture

B. Check one:  New Disclosure  Update (give previous name, if different from current name):

\_\_\_\_\_

C. Name of Firm \_\_\_\_\_

Doing business as \_\_\_\_\_

This firm is (please check one):  A Business Corporation;  A Professional Corporation;  A Partnership;  
 A Sole Proprietorship;  Other (please explain) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address (optional) \_\_\_\_\_ Firm's E-mail Address \_\_\_\_\_

D. Names, Titles, Addresses of all Officers and/or Principals. Include Tennessee registration numbers for those holding Tennessee registration. (Attach additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. I am the active, full-time Tennessee registrant who is an Officer and/or Principal in responsible charge of the firm's practice in Tennessee and who is registered to practice the profession indicated in section A.

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_ TN Registration Number \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Registrant's E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

F. List any and each branch office (city or town) located in Tennessee from which professional design services are offered to the public. Attachment "A" must be completed for each location. \_\_\_\_\_

\_\_\_\_\_

Please advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.