



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

PROFESSIONAL REFERENCE FOR INTERIOR DESIGNER
 (to be completed by a Registered Interior Designer or a Registered Architect)

(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 information requested directly to the Board office in the envelope provided.

 (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.
 The information you give is for Board use only and will be treated in the strictest confidence.

-
1. In what capacity have you known the applicant?
 client through professional society membership
 employer other (explain) _____
 2. How long have you known the applicant to be engaged in the practice of interior design or to have used the title interior designer? From _____ to _____ inclusive.
 3. Are you in any way related to the applicant? Yes No If so, how? _____
 4. What is your opinion of the applicant's personal integrity and general character? _____

 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. If the applicant is in individual practice, please indicate the nature of such practice. _____

Applicant's Name _____

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant exhibited according to your knowledge of the applicant for the period of time claimed above.

S = substantial experience A = adequate experience M = minimal experience
N = no experience P = poor U = no knowledge of specific work experience

S A M N P U PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.

S A M N P U DESIGN ANALYSIS AND DEVELOPMENT, such as: development of design concept, space planning.

S A M N P U SPECIFICATION OF FURNISHINGS AND MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics and equipment.

S A M N P U CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S A M N P U PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, details, producing specifications and/or purchase orders.

S A M N P U 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: _____

I do not recommend the applicant for licensure because _____

My Firm Name _____ Bus. Phone _____

Address _____

I AM A: Registered Interior Designer in the state of _____ Reg. # _____

Registered Architect in the state of _____ Reg. # _____

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 and after having carefully read the information given on this form.

Date _____ Signature _____



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 have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

 (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.

The information you give is for Board use only and will be treated in the strictest confidence.

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 him/herself in a professional and ethical manner ___Yes ___No
- I enlisted the service of the applicant for the following dates, or time frame _____

Applicant's Name _____

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

RECOMMENDATION (CHECK ONE)

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

I do not recommend the applicant for licensure because _____

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 and after having carefully read the information given on this form.

Date _____ Signature _____



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

EMPLOYER REFERENCE FOR INTERIOR DESIGNER

(to be completed by employer)

(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 information requested directly to the Board office in the envelope provided.

(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.

The information you give is for Board use only and will be treated in the strictest confidence.

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant gained in each area of interior design during his or her employment.

S = substantial experience A = adequate experience
M = minimal experience N = no experience
P = poor

- S A M N P 1. PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.
- S A M N P 2. DESIGN ANALYSIS & DEVELOPMENT, such as: development of design concept, space planning.
- S A M N P 3. SPECIFICATION OF FURNISHINGS & MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics, equipment.

Applicant's Name _____

S A M N P 4. CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S A M N P 5. PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, and details; producing specifications and/or purchase orders.

S A M N P 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: _____

___ I do not recommend the applicant for licensure because _____

The applicant, _____ has been or was
(Name of Applicant)

employed by me or my firm from _____ to _____

as _____.

My Firm Name _____ Bus. Phone _____

Address _____

(Answer if applicable)

· I am a Registered Interior Designer in the state of _____ Reg. # _____

· I am a Registered Architect in the state of _____ Reg. # _____

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 and after having carefully read the information given on this form.

Date _____ Signature _____