

State of Tennessee

Department of Commerce and Insurance Board of Architectural and Engineering Examiners 500 James Robertson Parkway

Nashville, TN 37243-1142

800-256-5758 615-741-3221 (Nashville Area)

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REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION

From: TN Board of Architectural and I	Engineering Examir	ners	
To: (Board Making Certification)			
		(Name)	
		(Street Address)	
		(City, State, Zip)	
		(SS# Last Four Digits)	(DOB)
I. The above named person was re	gistered as:		
	Certificate Number	Date Issued	Valid Until
Professional Engineer			
Engineer Intern			
II. Minimum requirements were:			
Written examination prepared	l by: Exam	Final Score*	Date of Exam
NCEES Board	Hrs. PE		
	Hrs. FE		
Examination option or d	iscipline		
FE accepted from			
Comity or Reciprocity with			
Other: (Please explain)			
III. Has the above named person bee	en subject to any di	sciplinary action?	Yes No
IV. Remarks: *(If any NCEES grade	s were adjusted, pl	ease explain.)	
	By:		
(Board Seal)	Title:		
	Date:		