



STATE OF TENNESSEE
Department of Commerce and Insurance
BOARD OF EXAMINERS FOR LAND SURVEYORS
500 James Robertson Parkway
Nashville, TN 37243-1146
615-741-3611
Fax: 615-741-1245
www.tn.gov/commerce/section/land-surveyor

CHANGE OF ADDRESS FOR APPLICANTS AND LICENSEES

Change my: License Application as indicated below:

Name: _____ DATE / /
Month Day Year

License Number(s): _____

NOTE: If you have more than one license/application, please list all license numbers and [which profession(s)] are affected by this change.

Please indicate your preferred mailing address by checking the appropriate box. If a box is not checked, the home address will be used. Post office boxes will be accepted as a mailing address only. A physical address is required.

Home Address: _____

Home Phone: _____ Email: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____ Fax: _____

Effective Date of Change: _____
Month Day Year

**Per TCA 62-18-114(b), you are required to notify the Board, in writing, of a change of address.
PLEASE FILL OUT A CHANGE OF ADDRESS FOR AND RETURN IT TO THE BOARD AS SOON AS POSSIBLE.**

Signature of Licensee/Applicant