



State of Tennessee  
Department of Commerce and Insurance  
Board of Architectural and Engineering Examiners  
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142  
800-256-5758 615-741-3221 615-532-9410 (Fax)

## Interior Designer Registration

**You may fill out forms and applications online. The application has to then be printed because it must be signed and notarized.**

### 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.

Before submitting this application, be sure you have met the minimum requirements for registration, because the application fee is **not refundable**.

### Fees

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

- ◆ Application Fee – **\$55** (nonrefundable fee)
- ◆ Biennial Registration Fee – **\$140** (if approved)

You must 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 registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00. Submit the application and fees to the address on the application form.

### Notice Regarding Disclosure of Social Security Numbers

Federal and state laws, including 42 U.S.C. § 405(c)(2)(C)(i), 42 U.S.C. § 666(a)(13), T.C.A. §§ 36-5-711 and 36-5-1301, require disclosure of the social security number for the purpose of administering the state child support program. The social security number will be redacted prior to making your record available for public inspection.

### 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.

## (2) Eligibility Verification for Entitlements –

If you are a natural person applying for a license, registration, certification or other benefit you must “Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee’s Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States...” **Specific instructions are on the three (3) pages following the application.**

Submit the appropriately signed form and documents, if required, with the application.

## (3) Reference Forms –

- Submit five references.
  - i. **Professional Reference for Interior Designer** – Three references must be from registered interior designers and/or registered architects, and
  - ii. **Client Reference for Interior Designer**, and
  - iii. **Employer Reference for Interior Designer** – if you are self employed, you may submit two client references.
- 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 to the Board office.

## Transcripts

Official transcripts are required for all educational credit claimed. Request an *Official Transcript* from the college/university registrar’s office. The college/university **must mail** the transcript **directly to the Board office**.

## Review Procedure

When your application packet is complete it will be circulated among the members of the Interior Design Committee for review. The review may take up to three weeks.

## 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.

## Board Contact

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

Updated March 2015



500 James Robertson Parkway  
Nashville, TN 37243  
Tel: 615-741-2241  
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY
LICENSE TYPE 1207
TRANSACTION TYPE 1010
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

### REGISTERED INTERIOR DESIGNER INITIAL APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

**Attn: Board of Architectural and Engineering Examiners  
The Department of Commerce & Insurance  
500 James Robertson Parkway  
Nashville, TN 37243**

**Section One:** Applicant Identification and eligibility verification

Name of Applicant: \_\_\_\_\_  
Last First Middle

Are you currently licensed? Yes/No \_\_\_\_\_ If Yes, License Number \_\_\_\_\_

Social Security Number OR Federal EIN \_\_\_\_\_

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

\_\_\_\_\_

City State Zip Code

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



State of Tennessee  
Department of Commerce and Insurance  
Board of Architectural and Engineering Examiners  
500 James Robertson Parkway  
Nashville, TN 37243-1142

## APPLICATION FOR REGISTRATION AS AN INTERIOR DESIGNER

(Type or print legibly)

Full Name \_\_\_\_\_  
Last First Middle Mr. Ms.

Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: Business Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? Yes No

I am applying for registration by:

Initial Application

Reapplying

Applicant's Full Name \_\_\_\_\_

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

Name the state and year in which you passed the NCIDQ examination \_\_\_\_\_

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 yes, please provide additional documentation to the Board office.

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

Have you ever been convicted of a felony/felonies? Yes No

If yes, please provide additional documentation to the Board office.

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

**EDUCATIONAL BACKGROUND**

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received	Accredited by
_____					CIDA
_____					SACS
_____					THEC

Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first** engagement. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of 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		

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

Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first** engagement. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of 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		

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

Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first engagement**. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of 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		

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

Applicant's Full Name \_\_\_\_\_

**REFERENCES**

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered interior designers and/or registered architects. In addition, one employer reference and one client or, if self employed, two client references may be accepted. References from relatives are not acceptable.

References	State of Registration	Registered Interior Designer, Architect, Employer/Client	Complete Address

**APPLICATION AND LAW AND RULES AFFIDAVIT**

I hereby make application for registration as a Registered Interior Designer and agree not to use the title Registered Interior Designer until I become licensed. 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 \_\_\_\_\_



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
REGULATORY BOARDS DIVISION  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
NASHVILLE, TENNESSEE 37243**

**Eligibility Verification for Entitlements Act Attestation Instructions**

**INSTRUCTIONS:** If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

**AND**

**Do one (1) of the following:**

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**
3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.  
or
5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

Eligibility Verification for Entitlements Act Attestation**Part A. Eligibility Verification for Entitlements Act Attestation**

I hereby attest under penalty of perjury that I am (select one):

\_\_\_\_\_ A United States citizen;

\_\_\_\_\_ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;<sup>1</sup>

\_\_\_\_\_ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq.***

<sup>1</sup> Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 *et seq.*];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq.*];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

**Eligibility Verification for Entitlements Act Additional Required Documentation**

**Part B. If you are claiming United States citizenship, you must present one (1) of the following:**

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall **not** be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

**Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:**

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

**Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.**

**Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.**



State of Tennessee  
Department of Commerce and Insurance  
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Nashville, TN 37243-1142-532-9410 (Fax)  
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[www.tn.gov/commerce/boards/ae](http://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  
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 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.

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RECOMMENDATION (CHECK ONE)

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

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I do not recommend the applicant for licensure because \_\_\_\_\_

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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  
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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 \_\_\_\_\_