



Tennessee Highway Officials Certification Board

Application for Certification

Section 1. Candidate Information

Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street)
_____, Tennessee _____
(City) (ZIP) (County)

Phone Number: _____ E-mail Address: _____

In what county are you running for office? _____ County, Tennessee

Have you ever been certified by the Tennessee Highway Officials Certification Board? Yes No

If yes, in what year(s) were you last certified? _____

Are you the incumbent officeholder in the county listed above? Yes No

Current officeholders may provide proof of prior certification instead of completing Sections 3 through 5. Please fill out Sections 2 and 6 and have your application notarized prior to submission.

Section 2. Candidate Qualifications

I meet the qualifications of Tenn. Code Ann. § 8-18-101 and one of the options below:

Option 1: I am the graduate of an accredited school of engineering and have been licensed to practice engineering in the State of Tennessee by the Board of Architectural and Engineering Examiners. My license number is _____, **OR**

Option 2: I am the graduate of an accredited school of engineering and have had at least two (2) years' experience in highway construction or maintenance, which I have detailed on the attached worksheet, **OR**

Option 3: I hold a high school diploma or general equivalency diploma and have had at least four (4) years' experience in a supervisory capacity in highway construction or maintenance, which I have detailed on the attached worksheet, **OR**

Option 4: I have a combination of education and experience equivalent to Option 1 or 2, which I have detailed on the attached worksheet and through other supporting documents.

NOTE: You must provide proof of your engineering license, engineering degree, high school diploma, or GED. Please attach a copy of your license or diploma. If you do not have a copy, please provide other evidence, such as a transcript.

Section 3. Candidate Education

Level	School	Degree/Major	Date of Degree
High School/GED			
College/University			
Master's			
Doctorate			
Other			

Section 4. Employment History

Employer: _____ Dates: _____

Job Title: _____

Description: _____

Employer: _____ Dates: _____

Job Title: _____

Description: _____

Employer: _____ Dates: _____

Job Title: _____

Description: _____

Employer: _____ Dates: _____

Job Title: _____

Description: _____

Section 5. Detailed Qualification Worksheet

This form is designed to help you to list your experience in a format that provides all of the necessary information to the board. Please see the Guidelines Relative to Certification of Candidates for definitions of projects that the board may and may not consider in making a determination regarding certification.

Please print as many copies of this page as necessary to detail your qualifications. *If there is insufficient space for you to provide details on this page or you wish to supply additional information in a different format, please attach supporting documentation behind this worksheet.*

Project: _____ Location: _____

Dates of work: _____(mo/yr) to _____(mo/yr) Total Months: _____

Employer: _____ Number of individuals supervised: _____

Description of work performed: _____

Built to federal/state/local specifications? Y / N Accepted by federal/state/local government? Y / N

If no, why not? _____

Project: _____ Location: _____

Dates of work: _____(mo/yr) to _____(mo/yr) Total Months: _____

Employer: _____ Number of individuals supervised: _____

Description of work performed: _____

Built to federal/state/local specifications? Y / N Accepted by federal/state/local government? Y / N

If no, why not? _____

Section 6. Applicant Signature and Notarization

I, _____, swear or affirm that the information presented in this application and its attachments is true and correct to the best of my knowledge, information, and belief.

Pursuant to Tenn. Code Ann. § 2-19-109, knowingly making or consenting to any false entry on any election document is a Class D felony. Additionally, information submitted on this form is subject to the Tennessee Open Records Act at Tenn. Code Ann. § 10-7-501 *et seq.*, unless an exception applies.

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, _____.
(day) (month) (year)

(Signature of Notary Public)

My commission expires _____

Please send completed applications to:
Tennessee Highway Officials Certification Board
Division of Elections
312 Rosa L. Parks Avenue
William R. Snodgrass Tower, 7th Floor
Nashville, TN 37243