



FOR OFFICE USE ONLY:  
Date Received: \_\_\_\_\_

## 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 seeking 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

*Previously certified candidates or current officeholders may provide proof of prior certification instead of completing Sections 2 through 5. Please fill out Sections 1 & 6 and have your application notarized prior to submission along with proof of prior certification.*

#### 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:** All new applicants 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

*If you held different positions or job titles with the same employer, please include the dates that you served in each position. Please print as many copies of this page as necessary to detail your employment history.*

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

**Section 5. Evidence of Experience**

*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. The board must be able to see that you have the necessary amount of experience that the statute requires based on the option you selected in Section 2.*

***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: \_\_\_\_\_

Your Role During Project: \_\_\_\_\_

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: \_\_\_\_\_

Your Role During Project: \_\_\_\_\_

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 5. Evidence of Experience (Continued)**

***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: \_\_\_\_\_

Your Role During Project: \_\_\_\_\_

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: \_\_\_\_\_

Your Role During Project: \_\_\_\_\_

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, 7<sup>th</sup> Floor  
Nashville, TN 37243