



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 high school equivalency credential approved by the state board of education 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 high school equivalency credential approved by the state board of education. 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 or Equivalent			
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. In describing your duties, please be as thorough and detailed as possible to clearly show that you have the experience the statute requires for the option you selected in Section 2. If a prior employer has changed, re-named, or eliminated a title or position you held, please provide additional details or documentation regarding your exact duties in that position.

Please print as many copies of this page as necessary to detail your employment history. If handwritten, the application must be legible. The board has discretion to defer action or require supplemental documentation if necessary.

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. If handwritten, the application must be legible. The board has discretion to defer action or require supplemental documentation if necessary.

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? ☐ Yes ☐ No Accepted by federal/state/local government? ☐ Yes ☐ No

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? ☐ Yes ☐ No Accepted by federal/state/local government? ☐ Yes ☐ No

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. If handwritten, the application must be legible. The board has discretion to defer action or require supplemental documentation if necessary.*

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? ☐ Yes ☐ No Accepted by federal/state/local government? ☐ Yes ☐ No

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? ☐ Yes ☐ No Accepted by federal/state/local government? ☐ Yes ☐ No

If no, why not? _____

Section 6. Applicant Signature and Notarization

The applicant's sworn statement is sufficient as long as it includes the necessary information and does not include provisions contradictory to each other or prior statements. The board recommends, however, providing statements from employers or supervisors with firsthand knowledge of duties and supervisory roles. For county or city employees, this can include a statement from a prior or current road superintendent or county/city governing association.

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