Tenant's Form Identifying Architect/Engineer of Record

Tenant Name _____

Facility & Location _____

Project _____

TAA Number _____

Architect/Engineer of Record Information

Firm Name _____

Name, Title _____

Address _____

City, ST Zip _____

Phone: _____ Email _____

License State ☐ NY ☐ NJ   No. _____   Type ☐ PE ☐ RA

Comments

Note: If more than one A/EOR each must complete a separate form. Provide the TC details of the A/EOR organizational relationship and hierarchy.

Submitted By

Name, Title _____

Signature _____

Date _____

Copies To _____

To be submitted by the Tenant at the Kick-off Meeting.

December 2011