

*Tenant's Form Identifying  
Architect/Engineer of Record*

Tenant Name

Facility/ 

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.**