STATE OF MINNESOTA

BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MN 55101-2113
PHONE: (651) 296-2388 FAX: (651) 297-5310
HEARING IMPAIRED • 1-800-627-3529

APPLICATION FOR LICENSURE BY COMITY (Application Fee: $100)

1. For: ___ Architecture ___ Professional Engineering _____
(PE Exam Discipline)
___ Land Surveying ___ Landscape Architecture ___ Geology ___ Soil Science

FOR BOARD'S USE ONLY
Application Number
Date Application Received
Application Fee $

FOR BOARD'S USE ONLY
License Number
License Fee $
Date License Issued

DATA PRACTICES ACT WARNING

The data which you furnish on this form will be used by the Minnesota State Board of AELSLAGID to assess your qualifications for examination and/or licensure. You are not legally required to provide this data; however, if you fail to do so, the Board of AELSLAGID may be unable to process this application. After issuance of a Professional License, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers are not public information.

All Information, EXCEPT SIGNATURE, Must Be Printed In Ink or Typewritten

2. Last Name	3. First Name	4. Middle Name	5. Social Security Number (required)

6. Mailing Street Address ___ Home or ___ Business?	7. City	8. State	9. Zip Code

10. Business Name (if Business Address)	11. Contact Phone Number	12. Present Position

13. Present Employer	14. Date of Birth (month, day, year)

15. Present Age	16. Place of Birth (city and state)	17. Are you a resident of Minnesota? ☐ Yes ☐ No

18. I am currently licensed in Minnesota as a(n): (Check all that apply)

☐ Not currently licensed in Minnesota ☐ Architect ☐ Professional Engineer _____
(PE Exam Discipline)

☐ Land Surveyor ☐ Landscape Architect ☐ Professional Geologist ☐ Professional Soil Scientist

☐ Other _____ LICENSE NUMBER _____

19. Have you ever had a license disciplined, denied, surrendered, suspended or revoked?
☐ NO ☐ YES If yes, please provide a separate statement of explanation.

20. Will you be submitting a Council Record?
☐ NO ☐ YES _____
(Name of Council)

Applicant Name _____

21. EDUCATION

All statements made under items (a), (b) and (c) must be substantiated by submitting an official transcript from each educational institution. Transcripts must arrive in a sealed envelope from the institution.

	Name and Location of Institution:	Month and Year		Date of Graduation	Degree Received
		From	To		
(a) **College or University** (Include night or extension work below under (c))					
	Describe any postgraduate work, giving name of institution, nature of work and degree(s) received.				
(b) **Postgraduate Work**					
	Give name of institution, courses pursued, dates and indicate whether course was completed.				
(c) **Extension, Night or Correspondence Courses**					

22. LICENSED AS ARCHITECT, ENGINEER, LAND SURVEYOR, LANDSCAPE ARCHITECT, GEOLOGIST OR SOIL SCIENTIST IN ANOTHER STATE.

State(s) Licensed in:	**Data Pertaining to License(s)**				**Check method for (each) license**			
	Profession (including discipline of Engineering)	License Number	Mo. And Year Issued	Is License Current	Written Exam. (No. of hours)	Oral Exam.	Exemption (Grand-father Clause)	Comity

23. Recorded as Engineer In-Training, Land Surveyor In-Training, Geologist In-Training or Soil Scientist In-Training

Please check all that apply and fill in the appropriate line.	Identify State Where You Took and Passed Exam	In-Training Number	Mo. And Year Issued	Written Exam. (No. of hours)	Were you Granted a Waiver of In-Training Exam?
☐ ENGINEER-IN-TRAINING					
☐ LAND SURVEYOR-IN-TRAINING					
☐ GEOLOGIST-IN-TRAINING					
☐ SOIL SCIENTIST-IN-TRAINING					
☐ OTHER _____					

Applicant Name _____

24. PRACTICAL AND PROFESSIONAL EXPERIENCE

Print or type below a complete record of your entire professional experience in chronological order. Account for all time from receipt of degree to present. Include any intern or co-op experience prior to graduation. Make copies of this sheet and attach additional sheets if necessary. All gaps in employment must be explained.

- Include all dates of employment by month, day, year, list the name and address of employer(s) and include a description of work performed and the degree of responsibility.

NOTE: Attach a copy of this completed form(s) to each employment verification before distributing to your employers. Instruct your employers to initial next to the experience they can substantiate.

DATE (Month, Day, Year)		ASSIGNMENT OR ENGAGEMENT **Complete all information for each assignment or engagement.** Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).
FROM	**TO**	**A. Position Title:** _____
		B. Name and Address of Employer: _____ _____ _____
		C. Name and Title of Supervisor/Person to Whom You Reported: _____
		D. Profession and License number of Supervisor/Person to Whom You Reported: _____
		E. Description of Work:

Applicant Name _____

DATE (Month, Day, Year)		ASSIGNMENT OR ENGAGEMENT **Complete all information for each assignment or engagement.** Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).
FROM	**TO**	**A. Position Title:** _____ **B. Name and Address of Employer:** _____ _____ _____ **C. Name and Title of Supervisor/Person to Whom You Reported:** _____ **D. Profession and License number of Supervisor/Person to Whom You Reported:** _____ **E. Description of Work:**

Applicant Name _____

DATE (Month, Day, Year)		ASSIGNMENT OR ENGAGEMENT **Complete all information for each assignment or engagement.** Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).
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Applicant Name _____

DATE (Month, Day, Year)		ASSIGNMENT OR ENGAGEMENT **Complete all information for each assignment or engagement.** Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).
FROM	**TO**	**A. Position Title:** _____ **B. Name and Address of Employer:** _____ _____ _____ **C. Name and Title of Supervisor/Person to Whom You Reported:** _____ **D. Profession and License number of Supervisor/Person to Whom You Reported:** _____ **E. Description of Work:**

Applicant Name _____

25. REFERENCES

Give the names and addresses of five references, other than relatives or members of this Board, having personal knowledge of applicant's good moral character and repute, and professional reputation. At least three of such references should be licensed in the profession in which licensure is sought. These five references should be the same individuals who can verify your qualifying work experience and to whom you send the Reference Forms.

Name	Address (street and number, city, state, zip)	State(s) Licensed in	Profession (including discipline Of Engineering)

Applicant Name _____

26. AFFIDAVIT FOR LICENSE OR CERTIFICATE IN MINNESOTA

This form of attestation must be filled in by applicant before the notary public.

State of _____)

County of _____)

I, _____, being duly sworn, do hereby depose and swear that:

1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2006) and the Rules and Regulations adopted thereunder;
2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
3. I have never been convicted of a felony;
4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and
5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.

_____

Signature of Applicant

SUBSCRIBED and sworn to before me this _____ day of _____, 20____.

My Commission Expires:

_____

Notary Public

_____

RECORD OF BOARD (This space not to be used by applicant.)

Application Withdrawn Date:	Date

RECOMMEND DENIAL OF APPLICATION	RECOMMEND APPROVAL OF APPLICATION
Board Member Signature	Board Member Signature
Date Signed:	Date Signed: