Print Form

STATE OF MINNESOTA

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

85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MINNESOTA 55101-2113

Phone: (651) 296-2388 HEARING IMPAIRED • 1-800-627-3529

1. APPLICATION FOR ADMISSION TO THE FUNDAMENTALS EXAMINATION OF (check one):

____ ENGINEERING (FE) ($25 application fee) ____ LAND SURVEYING (FLS) ($25 application fee)

____ GEOLOGY (FG) ($175 application/exam fee) ____ SOIL SCIENCE (FSS) ($175 application/exam fee)

You MUST SUBMIT THE APPLICATION FEE for the appropriate exam. Make your check payable to: MN BOARD OF AELSLAGID.

FOR BOARD'S USE ONLY
Application Number
Date Application Received

FOR OCTOBER 2012 EXAM

FOR BOARD'S USE ONLY
Application Fee $
Date In-Training Status Recorded

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. 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 an In-Training Certificate, 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.

A transcript of grades from each educational institution must accompany this application.

➢ **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. Date of Birth (month, day, year)

13. Are you currently licensed with the Minnesota Board in another profession? ☐ YES ☐ NO	14. License Number (if applicable)	15. Profession (if applicable)

16. Have you previously made an application to the Board of AELSLAGID? ☐ YES ☐ NO	17. Date of previous application	18. Which profession?	19. Under what name?

20. Education

Name and Location of Institution:	Month and Year		Date of Grad.	Degree Received
	From	To		

If you have not graduated, give expected date of graduation and degree to be obtained	Expected Date of Graduation	Degree to be Obtained

21. Applicant's Signature: _____ Date: _____

22. **FOR FUNDAMENTALS OF ENGINEERING APPLICANTS ONLY:**

Choose a discipline for the **FE PM Exam** you will be taking. (CHECK ONE)

☐ CIVIL ☐ CHEMICAL ☐ MECHANICAL ☐ ELECTRICAL

☐ INDUSTRIAL ☐ ENVIRONMENTAL ☐ OTHER DISCIPLINES

Board Member Signature:

_____ _____

Recommend Approval **Date** **Recommend Denial** **Date**