

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 • mn.gov/aelslagid

LICENSE / CERTIFICATE RENEWAL 7/1/2016–6/30/2018

INSTRUCTIONS

ALL licenses and certificates expire on 6/30/2016 unless renewed.

You are responsible for completing ALL sections of the application form (sections **1-4**). If any information is missing or the form is not signed, the application will be considered incomplete and will be returned. You are responsible for any late fees incurred after 6/30/2016 if your application is returned.

Professional Development Hours (PDH) Requirements (see also mn.gov/aelslagid/continuinged.html):

- You need 24 PDH earned on or after July 1, 2014, including 2 hours of ethics.
- If you have carryover hours, that information will appear on a list on the Board website: mn.gov/aelslagid/continuinged.html. Consult this list. If your name is not on the list, you did not report hours to carry over with your last renewal.
- The 2 hours of required ethics PDH must have been obtained on or after July 1, 2014. (Any ethics hours in excess of the required 2 are treated as 'general' PDH hours.)
- **Exemption** requests (not including the automatic initial license/certificate exemption) must be **preapproved**; do not submit this form with your exemption request. If you are granted an exemption, you will be sent a Board Approval Document which you then submit along with your completed renewal form.
- PDH earned during an exempt period cannot be carried over.

► **Sign and date the form and enclose your renewal fee of \$180.**

- Amount includes late fee for those renewing on or after 10/1/2016 (\$120 license/certificate fee plus \$60 late fee).
- Make checks (US funds only) payable to: **MN Board of AELSLAGID**.
- Mail to the address above.

Your new license card will mail within 2-4 weeks.

If you have questions regarding your application, please call the Board office at 651-296-2388.

Data Practices Act Warning

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data, except social security number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

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APPLICATION FOR LICENSE / CERTIFICATE RENEWAL
7/1/2016–6/30/2018

1. Personal Information The address below is my (check one): Home Business

Military Only ► If you are active duty or within 6 months of discharge from active duty, check box:

Name _____
(First) (M.I.) (Last) (Suffix)

Profession _____ Certif./ License # _____ Phone _____

Company Name _____
(Provide only if you checked "business" above.)

Address _____
(Street address required; no PO boxes)

City _____ State/Province _____

Zip/Postcode _____ Country _____

2. Renewal Fee

\$180 (Includes the late fee for renewals postmarked on or after 10/1/2016.)

3. PDH/Continuing Education (Choose the applicable option.)

- I am **exempt** from reporting continuing education for this renewal (select reason)
- My initial MN license/certificate was issued on or after July 1, 2014 (automatic exemption).
 - I requested and was granted an exemption by the Board. The Approval Document is enclosed.

OR

I am **not exempt** from the continuing education requirement. Here are my hours:

# OF HRS	PROFESSIONAL DEVELOPMENT HOURS REPORTING TABLE
	PDH earned between 7/1/2014–6/30/2016.

REQUIRED! ► By checking the box, I affirm that 2 of the hours **above** are ethics PDH.

	Carryover from previous renewal (if applicable)
	TOTAL PDH SUBMITTED

4. Affidavit

Since your last renewal, have you been convicted of a felony? Yes No
(If yes, attach a statement of explanation.)

Since your last renewal, have you had a certificate or license disciplined, denied, surrendered, suspended or revoked? (If yes, attach a statement of explanation.) Yes No

I swear or affirm that I have read the foregoing renewal application and that the statements are true and complete.



Signature _____

Date _____