



LICENSE / CERTIFICATE RENEWAL 7/1/2018–6/30/2020 INSTRUCTIONS

ALL licenses and certificates expire on 6/30/2018 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 6/30/2018 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, 2016, 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 on your prior renewal hours in excess of the minimum required that could be carried over to this renewal.
- The 2 hours of ethics PDH you are required to report must be earned on or after July 1, 2016. (Any ethics hours in excess of the required 2 are treated as 'general' PDH hours.)
- **Exemption** requests (excluding automatic initial license/certificate exemption) must be **preapproved**. **DO NOT SUBMIT AN EXEMPTION REQUEST WITH THIS RENEWAL**; first [apply for exemption](#). If you are granted an exemption, you will be sent a **Board Approval Document** that you **must** 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 \$120.**

- If paying after 6/30/2018, include the appropriate late fee ([see application form](#)).
- 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.

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure renewal. The data you furnish on the application will be used by the Board to assess your qualifications for renewal. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license. Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2018) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2018), all application data, except social security number, become public record when licensure is granted. The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.



7/1/2018–6/30/2020

LICENSE/CERTIFICATE RENEWAL APPLICATION

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:

Legal Name _____ License/Certif # _____
(First) (Middle) (Last) (Suffix)

Business Name _____ Profession _____
(If checked above)

Street Address _____ Phone # _____
(No PO boxes)

City _____ State/Province _____ Post/Zip Code _____ Country _____

2. Renewal Fee (Check ONE box based on when your **completed** application was **postmarked**.)

\$120 on or before 6/30/2018 \$120 7/1/2018 to 9/30/2018 \$180 on or after 10/1/2018

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, 2016 (automatic exemption).

I requested and was granted an exemption by the Board. I have enclosed the **Approval Document**.

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

# of HRS	PROFESSIONAL DEVELOPMENT HOURS REPORT
	PDH earned between 7/1/2016–6/30/2018.
	REQUIRED! <input type="checkbox"/> By checking the box, I affirm 2 of the hours above are ethics PDH.
	Carryover from previous renewal (if applicable)
	Total PDH submitted

4. Affidavit

Read the statements, **select the appropriate yes/no response**, then **sign** and **date** below.

If you answer "No" to any of the statements, **you must enclose a statement of explanation** for each checked statement. Your application is not considered complete until you provide the required explanation(s). [MN Rule 1800.0400 Subp. 5](#)

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| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2018) and the Rules and Regulations adopted thereunder; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I have never been convicted of a felony; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

▶ _____
Signature

Date