

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

APPLICATION FOR LICENSURE AS AN ARCHITECT BY COMITY INSTRUCTIONS

Application by comity is for individuals currently licensed in another jurisdiction who are seeking licensure in Minnesota as an Architect.

Applicants not already licensed should use the "[Application for Architect Exam](#)" form, available on the Board website.

IMPORTANT! Note the following application requirements (more than one may apply to your situation):

- If you were initially licensed **on or after January 1, 1991**, you must have an NAAB-accredited or equivalent degree.*
- If you were initially licensed **on or after March 1, 1997**, you must show that you have completed NCARB IDP/APX.
- If you were initially licensed **before January 1, 1991**, you must meet the Minnesota requirements for education, examination and experience in effect when you were initially licensed (see www.revisor.mn.gov/rules/?view=archive, select the relevant year, then "Chapters 1800 to 1805."

See [MN Rules 1800.0800](#) and [1800.1000-1100](#) for additional information/requirements.

IF YOU HAVE AN NCARB RECORD:

1. Complete [pages 1, 3 and 4](#), skipping page 2 (Parts C-E).
2. Request that your NCARB Record be sent to Minnesota: Log into My NCARB (my.ncarb.org/Login). Go to "NCARB Record," select "Request Transmittal of NCARB Record," and follow the instructions.

Do **NOT** complete the Experience History or Licensure Verification forms. Your NCARB Record provides the needed information.

IF YOU DO NOT HAVE AN NCARB RECORD:

1. Complete **ALL** parts of [pages 1-4](#).
2. Request that your educational institution(s) send an official transcript, showing the degree awarded and the date of graduation. This official transcript must be sent to the Board office in the original, sealed envelope from the institution.
3. Complete the "Applicant" portion of the [Verification of Exams and Current Licensure Form](#) for any state in which you hold a valid license and (if different) the state that holds your ARE® Exam results. Send them both pages of that form, along with any fee they may require* and a stamped envelope addressed to the Minnesota Board (see address above).
** Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
4. Complete the "Applicant" portion of the [Employment History and Experience Form](#) and send to your supervisor(s) for completion. See that form for instructions.

*If you were foreign-educated or have a degree that is not NAAB-accredited: Education Evaluation Services for Architects (EESA) is a program administered by the National Architectural Accrediting Board (NAAB) for NCARB. This program enables you to have your non-accredited degree assessed to determine if it meets the NCARB Education Standard for licensure and identify what, if any, deficiencies remain to be satisfied. An NCARB Record must be established for an EESA-NCARB evaluation. Contact NCARB for more information.

**Submit along with your application the non-refundable application fee of \$100.00 to the address above.
Make check payable to MN Board of AELSLAGID. Do not send cash.**

Once your application, including required documentation, is received, the Board will review it.
You will be notified by letter whether your application was approved or denied.
If your application is approved, you will receive instructions for obtaining your professional license.

**If you have questions regarding your application, contact Laurie Nistl at 651-757-1515 / laurie.nistl@state.mn.us.
Or call the Board office at 651-296-2388.**

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FOR BOARD USE ONLY
Application #

APPLICATION LICENSURE AS AN ARCHITECT BY COMITY

Application Fee: \$100

If completed by hand: Use ink and
print all information (except signatures).

FOR BOARD USE ONLY
Licence #
Date Licensed Issued
Application Fee \$

Part A: Applicant Information (All fields are required.)

Note: If any of the information below changes after you submit this application, you must notify the Board immediately in writing (changes cannot be accepted by phone). **If any required records are under a different name than below**, include with this application a copy of your marriage license, divorce decree or legal name change document.

- Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? No Yes
 - The address below is my (check one): Home Business. If **business**, list firm name: _____
- Name _____ (First) _____ (Middle) _____ (Last) _____ (Suffix) SS # _____
(Or Passport or Visa #, if no Social Security #)
- Former Name _____ (If applicable) Gender: Male Female
- Street Address _____ (No PO boxes) Birth Date _____ (MM) _____ (DD) _____ (YYYY)
- City _____ State/Province _____
- Zip/Postal Code _____ Country _____ Phone # _____

Part B: License Application Information

- Do you currently hold a license in Minnesota? No Yes
If **yes**, list profession: _____ and license # _____.
- Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. Yes No
- Will you be submitting an NCARB Record?
 Yes — **skip to Parts F and G.**
 No — complete **Parts C-G**, the **Employment History and Experience (EHE)** Form and the Verification of Examination/Licensure Form.

Data Practices Act Warning

The data you furnish on this form will be used by the Board to assess your qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to process your application. 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).

Note: If you answered "yes" to Question 3 in Part B, skip to page 3 (Part F).

Part C: Record of Licensure

List all states (other than Minnesota) or countries in which you hold an architect, professional engineer, land surveyor, landscape architect, professional geologist or professional soil science license. Attach a sheet if needed.

WHERE LICENSED	DATA PERTAINING TO LICENSE(S)				CHECK METHOD FOR EACH LICENSE			
	Profession (For Engineering, Include Discipline)	License #	Date Issued (mm/yyyy)	Is License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Exam—List Number of Hours:	Oral Exam	Exemption (Grandfather Clause)	Comity
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				

Part D: Education

- List all undergraduate and graduate degrees. **You must submit a final, official transcript** from each educational institution. Transcripts must arrive in a sealed envelope from the institution.

College/University Attended	City, State, Country	Graduation Date (mm/yyyy)	Degree Received

- If none of the degrees above are from an NAAB-accredited institution, are you submitting the required degree evaluation ([see page Instr-1](#))? Yes No N/A

Part E: Record of Employment History (Qualifying Experience)

Note: The amount of qualifying experience you must document depends upon the requirements in place in Minnesota at the time of your initial licensure (see [Instructions](#)).

Note that most qualifying experience must be verified by a licensed architect.

- List those supervisors verifying your experience. Provide as many names as necessary to verify all the required experience. Attach sheets if necessary. List in chronological order of your employment.

Supervisor's Name	Business Name & Address	Supervisor's License Number	Issuing State	Your Employment Dates

- Provide an [Employment History and Experience Form](#) (included in this application packet) with the "Applicant" (your) portion completed to **all those listed above**. See that [form](#) for further instructions.

Part F: Rules of Professional Conduct (MN Rules 1805.0100-1805.0900)

Read below, then **sign** and **date**. **Keep a copy of this document for your records.**

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.

Subp. 2. Scope. This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.

Subp. 3. Imputed knowledge of professional responsibility. Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

1805.0200 PERSONAL CONDUCT.

Subpart 1. Public confidence and personal integrity. A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.

Subp. 2. False statements and nondisclosure. A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.

Subp. 4. General prohibitions. A licensee shall not:

- A. circumvent a rule of professional conduct through actions of another;
- B. engage in illegal conduct involving moral turpitude;
- C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation;
- D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or
- E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

Printed Name

Date

Signature

1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has been retained without the knowledge and approval of the client or the employer.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment.

A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board.

A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

Part G: Affidavit

Applicant Name: _____

Read the statements and **sign** and **date** below **in the presence of a notary public**.

- I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2016) and the Rules and Regulations adopted thereunder;
- I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
- I have never been convicted of a felony;
- 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
- 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.

Applicant Signature

Date

Notarization (To be completed by the notary public.)

I, _____, a Notary Public in and for the County of _____, State of _____, do certify that this application was subscribed

and sworn to before me by _____,

on this _____ day of _____, 20_____.



Notary Signature: _____

THIS SECTION FOR BOARD USE ONLY

Application Withdrawn Date

RECOMMEND DENIAL OF APPLICATION
Board Member Signature
Board Member Name
Date

RECOMMEND APPROVAL OF APPLICATION
Board Member Signature
Board Member Name
Date

EMPLOYMENT HISTORY AND EXPERIENCE FORM COMITY APPLICATION INSTRUCTIONS

NOTE: Use this form **only** if you are **not** submitting an NCARB Council Record (see [Instructions](#)).

Applicant Instructions:

This form serves to document in detail your work experience. **Note that experience requirements vary depending upon application method** (see [MN Rule 1800.1000 Subpart 6-7](#) and the [Architect by Comity Application Instructions](#)).

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
2. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate.
3. Provide separate copies of this form to each supervisor you listed on [Part E: Record of Employment History](#) of the [Architect by Comity Application Form](#). Include only the information/hours appropriate to each supervisor. Provide the supervisor(s) with ALL pages of this form, **including this instruction page**.
4. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

Supervisor* Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the [Description of Work](#) (page 2) **initial** next to every description you can substantiate. Leave the initial field blank for any description you cannot substantiate.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

IMPORTANT!

If you have questions about this form, 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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**EMPLOYMENT HISTORY AND EXPERIENCE FORM
ARCHITECT COMITY**

Please read the **INSTRUCTIONS** page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION

Applicant Name _____
(First) (Last)

Applicant Title _____
(Job title at employer listed below)

Supervisor Name _____

Employer/Company Name _____

Company Address _____

City _____ State _____ Zip Code _____ Country _____

Employment Dates: _____ to _____ Hours worked per week: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Postmark Date: _____
(MM/DD/YYYY)

Provide a date prior to the application
deadline by which you want the supervisor
to return this form to the Board.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and
employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

Applicant Signature _____ Date _____

SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured
from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you
provide will be private until the applicant becomes certified, at which time it will be classified as public information.

Please return this signed and completed form to the Board by the postmark date indicated in the box above.

1. I directly supervised the applicant's work: Yes No

2. The applicant provided correct employment dates and hours worked per week above: Yes No

If **no**, provide correct dates/hours: _____

I hereby certify that the applicant's qualifying architectural experience initialed by me on page 2 of this form was obtained
under my direct supervision.

Signature _____ Date _____

Printed Name _____ Architect license # _____ State where licensed _____

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document qualifying experience as defined in [MN Rule 1800.1000 Subp. 7](#). Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work and the client.

REQUIRED!

SUPERVISOR: Initial next to **every description** you can substantiate in the box on the column at right.



APPLICANT: Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).	SUPERVISOR: Initial below.

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VERIFICATION OF EXAMINATION AND/OR LICENSURE (ARCHITECT)

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to a state where you have a valid license and (if different) the state that holds your exam scores. **Check with those states regarding fees or other filing requirements**, as failure to do so may delay their processing of this form. **THIS IS A TWO-PAGE FORM. SEND BOTH PAGES.**

Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)	Name _____ <small>(First) (M.I.) (Last) (Suffix)</small>
	Last 4 of SS# XXX-XX- _____ Former Name _____ <small>(if applicable)</small>
	Address _____
	City _____ State _____ Zip _____

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

Applicant Signature

Date

TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–F** and return **both pages** to the Minnesota Board at the address above.

Section B: Registration/License Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Architect			

Section C: Basis of Licensure

(Check box next to applicable situation and provide any details requested.)

EXAMINATION. Total hours: _____. **Note:** Provide detail in **Section E: Record of Examinations** on page 2.)

COMITY with the following state(s): _____.

EDUCATION AND EXPERIENCE.

Please describe below what your state requirements were at the time this individual became licensed in your state:

Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?
If **yes**, attach a detailed explanation.

Yes No

Section E: Record of Examinations

Examination Syllabus (1954 – 1975)	Hrs	Grade	Date Passed
A. Education & Experience			
B. Personal Audience			
C. History & Theory of Architecture	3		
D. Site Planning	5		
E. Architectural Design	12		
F. Building Construction	3		
G. Structural Design	5		
H. Professional Administration	3		
I. Building Equipment	5		

Equivalency Examination (June 1973 – June 1976)	Hrs	Grade	Date Passed
I. Architectural Theory	2		
II. Construction Theory & Practice	8		
III. Architectural Design/Site Planning	10		

Qualifying Test (June 1977 – June 1982)	Hrs	Grade	Date Passed
A. Architectural History	2		
B. Structural Technology	3		
C. Materials/Methods of Construction	2		
D. Environmental Control Systems	2		
E.1 Principles of Site Planning & Arch. Design* (Multiple Choice)	1		
E.2 Principles of Site Planning & Arch. Design*(Design Problems)	11		

Professional Examination - Section A (June 1979–June 1982)	Hrs	Grade	Date Passed
Design/Site Test	12		

Professional Examination (December 1973–December 1978) Section B (1979 – 1982)	Hrs	Grade	Date Passed
Part I Environmental Analysis	4		
Part II Architectural Programming	4		
Part III Design and Technology	4		
Part IV Construction	4		

Architect Registration Examination ARE®3.1							
1983 – 1987 (32½ Hours)	Grade	Date Passed	1988 – 1996 (33½ Hours)	Grade	Date Passed	1997–2009 (33½ Hours)	Date Passed
A–Pre–Design			A–Pre–Design			Pre-Design (PD)	
B–Site Design			B–Site Design, Written			Site Planning (SP)	
			B–Site Design, Graphic				
C–Bldg. Design			C–Bldg. Design			Bldg. Planning (BP)	
D–General Structure						Bldg. Technology (BT)	
E–Lateral Forces			D/F–General & Long Span			General Structures (GS)	
F–Long Span Structure			E–Lateral Forces			Lateral Forces (LF)	
G–Mech./Elec.			G–Mech./Elec.			Mech./Elec. Systems (ME)	
H–Materials/Methods			H–Materials/Methods			Materials/Methods (MM)	
I–Construction Documents			I–Construction Documents			Construction Documents & Services (CDS)	

ARE® 4.0 2010–October 2016 (33½ Hours)	Date Passed
Program Planning & Practice	
Site Planning & Design	
Building Design & Construction Systems	
Schematic Design	
Structural Systems	
Building Systems	
Construction Documents & Services	

ARE® 5.0 November 2016– (33½ Hours)	Date Passed
Practice Management	
Project Management	
Programming & Analysis	
Project Planning & Design	
Project Development & Documentation	
Construction & Evaluation	

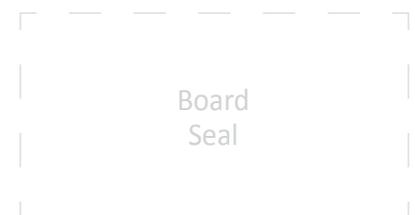
Section F: Verifying Board Signature

The information provided herein is correct to the best of our knowledge.

Signature _____

Title _____

Date _____



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**AUTHORIZATION TO RELEASE
APPLICANT INFORMATION
TO A THIRD PARTY**

THIS FORM IS NOT REQUIRED

Only complete this optional form if you intend someone other than yourself to contact the Board regarding the status of your application.

Minnesota law prohibits the Board from sharing any information regarding your application (prior to final licensure) with **anyone** other than yourself unless you submit this authorization.

AUTHORIZATION/RELEASE

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act** and authorize the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design to provide information contained in my application materials, including any documents, to the following individual:

Provide first and last name of third party who may receive information.

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

Printed Name of Applicant

Date

Applicant Signature