

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](http://mn.gov/aelslagid)

## APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT BY COMITY INSTRUCTIONS

### Application Packet Contents

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Read the instructions to determine which (if any) of the forms below are also required.	
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• <a href="#">Employment History &amp; Experience Form</a> .....	EHE 1 – 3
• <a href="#">Authorization to Release Applicant Information</a>	

### Key Information

- **Please read all instructions.**
- See [MN Rule 1800.1500](#) for education and experience requirements.
- It is **your** responsibility to complete forms and have third parties forward any documents noted in the instructions. **All** required forms and documents must be received **prior to Board consideration of your application.** If any of your records are under a different name, include with your application a copy of your marriage license, divorce decree or legal name change document.
- After the Board reviews your application, you will be notified by mail as to whether it was approved. If approved, you will be mailed the license application. You must return that completed application with the licensing fee in order to obtain your professional license.

### Application Steps

#### If you **have** a Council of Landscape Architecture Registration Board (CLARB) Record:

1. **Request that your CLARB Record be sent to the Minnesota Board.** Go to [clarb.org](http://clarb.org) and select “transmit information to your Board.” Contact CLARB for questions regarding this process.
2. **Complete Parts A, E, and F of this form.** (You do not need to complete B-D; do **not** submit the Verification of Licensure or Employment History forms.)
3. **Skip to step 5 below.**

#### If you do **not** have a CLARB Record:

1. **Complete all Parts (A-F) of this form.**
2. **Submit official transcript(s)** listing your qualifying degree and date of graduation. To be official, the transcript must arrive at the Board office in the original, sealed university envelope.
3. **Complete the “Applicant” portion of the [Employment History & Experience \(EHE\) Form](#) and send to your supervisor(s) for completion.** See [Rule 1800.1500 Subp. 4](#) for the amount of experience required based on your degree type. Your experience must be verified by a licensed landscape architect, with some exceptions (see [Rule 1800.1500 Subp. 4\(C\)](#) for details).
4. **Complete the “applicant” portion of the [Verification of Examination and Licensure/Certification Form](#).** Send that form to the state where you currently live and (if different) to the state(s) where you sat for the LARE exam, 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.
5. **Check** that you have signed Part E: Rules of Conduct ([page 4](#)). Have your signature on the affidavit (Part F/[page 5](#)) notarized. Be sure to include these pages with the rest of your application.
6. **Mail the application, the \$100 fee and any required supporting documents to the address above.** Make checks payable to **MN Board of AELSLAGID.**

**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 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).

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FOR BOARD USE ONLY
Application #

## APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT BY COMITY

Application Fee: \$100

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

FOR BOARD USE ONLY
License #
Date License Issued
License 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).

1. 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

2. The address below is my (check one):  Home  Business. If **business**, list name: \_\_\_\_\_

3. General/contact information:

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 # \_\_\_\_\_

4. 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

5. Do you currently hold a license in Minnesota?  Yes  No  
If **yes**, list profession: \_\_\_\_\_ and license # \_\_\_\_\_.

6. Will you be submitting a CLARB record? (Follow the instructions that match your answer.)

Yes ► **Skip to Parts E and F.** Do **not** complete/submit the Employment History and Verification forms. See the [Authorization Form](#) to determine if you wish to submit this optional form.

No ► **Complete all parts of this form [A-F]. You will also need to submit** the [Employment History and Experience Form](#), [Verification of Examination/Licensure Form](#), and official transcripts. See the [Authorization Form](#) to determine if you wish to submit this optional form.

**Part B: Record of Examination(s) and Licensure**

- List all other states or countries in which you hold a certification or license as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil science or interior designer. Attach a sheet if needed.

**Note:** If you **do not** already hold a landscape architect license in another state, you cannot apply by comity. Use instead the [Application for Licensure as a Landscape Architect \(“Initial Licensure”\) Form](#).

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				
				<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 C: Education**

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

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

**Part D: Record of Employment History  
(Qualifying Experience)**

MN Rule 1800.1500 Subp. 4-6 details experience requirements. The amount of experience required is based on your degree type. Your landscape architecture experience **must be verified by a licensed landscape architect**, with the exception that up to one year may be verified by a licensed architect or licensed professional engineer.

“Qualifying experience” consists of varied, progressive, nonrepetitive, practical experience at landscape architectural work, developing the ability to apply the theoretical knowledge gained during academic training in making sound judgments in solving landscape architectural problems. The experience must include landscape architectural elements of programming; site and environmental analysis; schematics; coordination with other disciplines; site cost analysis; code research; design development documents; construction documents; specifications; document checking; bidding and contract negotiation; construction phase including office and construction phase, on-site observation, project management, and client contact; office management; and research other than code or project-related research.

1. List below the information for the supervisor(s) who will verify your experience. You may list as few as one supervisor and as many as necessary to verify all the required experience.

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Licensed Profession

2. Provide an Employment History and Experience Form (included in this application packet) with the “applicant” (your) portion completed to **all the supervisors listed above**. See that form for further instructions.

## Part E: 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 F: Affidavit**

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

<b>RECOMMEND DENIAL OF APPLICATION</b>
Board Member Signature
Board Member Name
Date

<b>RECOMMEND APPROVAL OF APPLICATION</b>
Board Member Signature
Board Member Name
Date

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## EMPLOYMENT HISTORY AND EXPERIENCE FORM LANDSCAPE ARCHITECT APPLICATION

### INSTRUCTIONS

#### Applicant Instructions:

This form serves to document in detail your work experience (see [MN Rule 1800.1500 Subp. 4-6](#)). Qualifying experience is calculated up to the day you submit your application; you cannot list experience yet to be earned.

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. Experience must be diversified in the practice of landscape architecture and include **all fifteen (15)** of the knowledge areas listed. **You must mark the applicable type(s) of experience specific to each work/project description you list.** An example of a completed form can be viewed on the Board website, below the Landscape Architecture application forms.
3. Provide separate copies of this form to each supervisor you listed on [Part D: Record of Employment History](#) of the [Landscape Architect 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**.

**Note:** Your landscape architecture-related experience **must be verified by a licensed landscape architect**, with the exception that up to one year may be verified by a licensed architect or licensed professional engineer.

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 certification 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  
LANDSCAPE ARCHITECT APPLICATION**

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 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 both pages of this signed and completed form to the Board by the postmark date indicated in the box above.**

The applicant:

1. Worked under my direct supervision:  Yes  No

2. Performed work in the following area(s):  (1) Programming  (2) Site & Environmental Analysis  (3) Schematics  
 (4) Coordination w/ Other Disciplines  (5) Site Cost Analysis  (6) Code Research  (7) Design Development Docs  
 (8) Construction Docs  (9) Specifications  (10) Document Checking  (11) Bidding & Contract Negotiation  
 (12) Construction Phase - Office  (13) Construction Phase - Onsite  (14) Office Mgmt  (15) Other Research

3. Provided correct employment dates and hours worked per week above:  Yes  No  
If **no**, provide correct dates/hours: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date License # Issuing State

## 2: Description of Work/Projects/Responsibilities

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**APPLICANT:** Use this section to document qualifying experience as defined in [MN Rule 1800.1500 Subp. 6](#). 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. Mark the type of experience for each description at right (select all types that apply). Attach additional sheets as needed.

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

<b>APPLICANT:</b> Detail your work experience: client, project size, location, your role, degree of responsibility, skills demonstrated.	<b>APPLICANT:</b> Mark type of experience.*								<b>SUPERVISOR:</b> Initial below.
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		
	1	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15		

### \* Key to Experience Type Codes

- |   |                                     |  |
|---|-------------------------------------|--|
| 1 = Programming                         | 7 = Design Development Documents    | 13 = Construction Phase - Onsite Observation, Project Mgmt, & Client Contact |
| 2 = Site & Environmental Analysis       | 8 = Construction Documents          | 14 = Office Management   |
| 3 = Schematics                          | 9 = Specifications                  | 15 = Other Research  |
| 4 = Coordination with Other Disciplines | 10 = Document Checking              |  |
| 5 = Site Cost Analysis                  | 11 = Bidding & Contract Negotiation |  |
| 6 = Code Research                       | 12 = Construction Phase - Office    |  |

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## VERIFICATION OF EXAMINATION AND LICENSURE/CERTIFICATION

### TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to the state where you live and (if different) the state(s) where you sat for exams. **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# <b>XXX-XX-</b> _____ Former Name _____ <small>(if applicable)</small>
	Address _____
	City _____ State _____ Zip Code _____

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: Registrations/Licenses Held by Applicant

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

### Section C: Basis of Licensure

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

LARE EXAM. Total hours: \_\_\_\_\_. **Note:** Provide detail in **Section E: Record of Examinations** on page 2.)

ORAL EXAMINATION. Total hours: \_\_\_\_\_.

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?  Yes  No

If **yes**, attach a detailed explanation.

### Section E: Record of Examinations

LARE (June 1992 - June 1996)	Score	Date Passed
1. Legal and Administrative Aspects of Practice		
2. Programming and Environmental Analysis		
3. Conceptualization and Communication		
4. Design Synthesis		
5. Integration of Technical and Design Requirements		
6. Grading and Drainage		
7. Implementation of Design Through Construction		

LARE (December 1996 - December 1998)	Score	Date Passed
1. Legal and Administrative Aspects of Practice		
2. Programming and Environmental Analysis		
3. Conceptualization and Communication		
4. Design Synthesis		
5. Integration of Technical and Design Requirements		
6. Grading and Drainage		

LARE (June 1999 - December 2005)	Score	Date Passed
A. Legal and Administrative Aspects of Practice		
B. Analytical Aspects of Practice		
C. Planning and Site Design		
D. Structural Considerations and Materials and Methods of Construction		
E. Grading, Drainage and Storm Water Management		

LARE (April 2006 – June 2012)	Score	Date Passed
A. Project and Construction Administration		
B. Inventory Analysis and Program Development		
C. Site Design		
D. Grading, Drainage and Construction Documentation		
E. Grading, Drainage and Storm Water Management		

LARE (2012 – Present)	Score	Date Passed
1. Project and Construction Administration		
2. Inventory and Analysis		
3. Design		
4. Grading, Drainage and Construction Documentation		

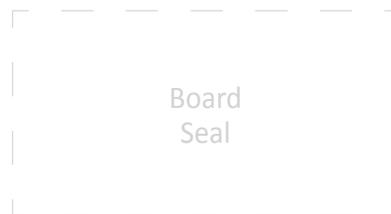
### Section F: Verifying Board Signature

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