



PROFESSIONAL ENGINEERING APPLICATION BY COMITY OR EEE INSTRUCTIONS

This application is for individuals who have passed the PE Exam. All others use "[Application for the PE Exam](#)" available on the Board website.

Application Packet Contents

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Required Forms

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Optional Forms

Read the instructions to determine which (if any) of the forms below you might need.

- [Verification of Examination and/or Licensure](#) (required if not submitting Council Record)
- [Authorization to Release Applicant Information](#)

Key Information

- **Be sure your application is complete.** An application not acted upon by the Board within six months of the date of application will be considered withdrawn. Before applying read the education and experience requirements: [MN Rule 1800.2500 Subp. 2](#).
- If any of your records are under a different name, include a copy of your marriage license, divorce decree or legal name change document.
- If your application is approved, the Board will inform you by letter. You must return a copy of that letter and the licensing fee in order to obtain your professional license.

Steps

1. **READ** the sections below. Choose the application method that fits your situation (see [Part B: Question 1](#) of application):

EEE

(Education/Examination/Experience)

- Applications are reviewed based on education, examination and experience requirements **currently in place in Minnesota**. This application method is for those who did not obtain enough experience prior to passing the PE exam to qualify or cannot obtain verification of that pre-exam experience. It is also for those who passed the exam but are **not** yet licensed in another state.
- Your required experience can be obtained **prior to or after** passing the PE exam.
- Fee: **\$75**

COMITY

(Similar to "Reciprocity")

- Applications are reviewed based on the education, examination and experience requirements that were in place **in Minnesota at the time of your original licensure**. (For example: If you were originally licensed in 1978, your credentials will be evaluated based on the education, examination and experience requirements that were in place in Minnesota in 1978).
- Your required experience must have been obtained **prior** to passing the PE exam.
- Fee: **\$100**

2. Decide whether or not you are submitting an NCEES council record, then **follow the applicable "Additional Application Instructions"** (see [Instr-2](#)).
3. Read, sign, and submit the "Rules of Conduct" (page [4](#)). Retain a copy for your records.
4. Have your signature on the application **notarized** (see page [5](#)).
5. Mail the application, the appropriate application fee (check payable to **MN Board of AELSLAGID**), and any required supporting documents to the address above. The fee is nonrefundable.

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. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. 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.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2016)) 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 (2016), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.

ADDITIONAL APPLICATION INSTRUCTIONS

As noted in Step 2 of the application instructions (see INSTR-1), whether or not you submit an NCEES Council Record impacts what information you must provide to the Board.

Please follow the instructions below that match your situation:

If you **ARE** submitting an NCEES Council Record:

- Check that your council record is up-to-date, then request that NCEES (account.ncees.org) send a copy to the Minnesota Board.
- Complete Parts **A, B, F, and G** of the application (pages 1, 4 and 5).
- Complete steps 3-5 on page [INSTR-1](#).

If you are **NOT** submitting an NCEES Council Record:

- Complete the **entire** application (pages 1-5).
- Request final official transcripts in English for all degrees earned. The transcript must show the degree(s) awarded and the date(s) of graduation. **Do not open the transcript record.** Forward it as sealed by the institution or have it mailed directly to our office. **If your degree(s) are from non-EAC/ABET-accredited programs, see “Education Evaluation Guidelines” below for additional requirements.**
- Use account.ncees.org to request verification of
 - FE and PE scores from the state(s) where you took the exams. (If you passed your FE in Minnesota, we already have your scores and you do not need to request them.)
 - licensure **from the state in which you reside.**If any of your states do not participate in electronic verification, use the form included in this packet.
- Complete the “Applicant” portion of the [Employment History and Experience Form](#) and send a copy to **every** supervisor(s) listed in [Part E: Record of Employment History](#). See that form for detailed instructions.
- Complete steps 3-5 on page [INSTR-1](#).

EDUCATION EVALUATION GUIDELINES

FOREIGN EDUCATION:

Applicants who have been educated outside the United States and whose engineering program is not recognized under the Washington Accord** must have their degree(s) evaluated. Education must meet the minimum number of engineering science and engineering design credits required in an EAC/ABET-accredited degree.

** Use the [International Engineering Alliance website](#) “Qualification Checker.” Select your country from the drop down and then select “Washington Accord.” You will be sent to a site that contains a list of accredited programs for your country.

DOMESTIC EDUCATION:

Applicants who have been educated in the United States, **but their degree program is not EAC/ABET accredited**, must have their degree evaluated in order to determine if their degree program meets the minimum requirements for engineering science and engineering design credits.

Note: Engineering Technology certificates or degrees accredited by the Technology Accreditation Commission (TAC/ABET), under most circumstances, do NOT meet the requirements for engineering science and design credits as required by the Board. NCEES Credentials Evaluations does not typically evaluate engineering technology degrees and requires special approval by the Board to complete the evaluation. If

you have a TAC/ABET accredited degree and wish to have it evaluated, please contact the Board office for instruction.

CONTACT ONE OF THE FOLLOWING COMPANIES TO OBTAIN AN EDUCATION EVALUATION REPORT:

Foreign or US Degrees/Transcripts:
NCEES Credentials Evaluations
P.O. Box 1686, Clemson, SC 29633
Phone: (800) 250-3196 | Website: www.NCEES.org

Foreign Degrees/Transcripts only:
Educational Credential Evaluators (ECE)
P.O. Box 514070, Milwaukee, WI 53203-3470
Phone: (414) 289-3400 | Website: www.ece.org

Request from the company a **SUBJECT ANALYSIS EVALUATION**. This is the evaluation type **required** to determine if the degree meets the minimum requirements of engineering science and engineering design (see [MN Rule 1800.2500 Subp2](#)).

The original evaluation report must be sent directly from the evaluation service to the Minnesota Board office either by US mail or electronically. No copies will be accepted.



FOR BOARD USE ONLY
Application # _____

APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER BY COMITY OR EEE

FOR BOARD USE ONLY
License # _____
Date License Issued _____
License Fee \$ _____

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

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).

- 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 (Priority processing)
- The address below is my (check one): Home Business. If **business**, list name: _____
- General/contact information:

Name _____ <small>(First) (Middle) (Last) (Suffix)</small>	SS # _____ <small>(Or Individual Taxpayer ID #, if no Social Security #)</small>
Former Name _____ <small>(If applicable)</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address _____ <small>(No PO boxes)</small>	Birth Date _____ <small>(MM) (DD) (YYYY)</small>
City _____ State/Province _____	
Zip/Postal Code _____ Country _____	Phone # _____

Part B: License Application Information

- You are applying for licensure by (choose one): Comity — **\$100 fee** EEE — **\$75 fee**
(Read the information on [INSTR-1](#) to determine which option fits your situation.)
- List the discipline of the PE exam that you passed: _____
- 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 NCEES Council Record?
 - Yes — **skip to Parts F and G**. Complete other steps noted on pages [INSTR-1](#) and [INSTR-2](#).
 - No — complete **Parts C-G** and the **Employment History and Experience (EHE)** Form. Complete other steps noted on pages [INSTR-1](#) and [INSTR-2](#).

Part C: Record of Examination(s) and Licensure

1. Have you taken and passed the NCEES Fundamentals of Engineering (FE) Exam? Yes No

If **no**, and you are requesting a waiver, see [MN Rule 1800.2800](#) for FE waiver eligibility requirements. If you meet those requirements, write "Request FE Exam Waiver" in the box under "Engineer-in-Training/EIT #." Leave the other fields blank.

If **yes**, provide the requested information below:

State Where You Passed FE Exam	Engineer-in-Training (EIT) #	Month and Year Issued	Number of Exam Hours	Were you granted a waiver of the FE Exam?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				

Part D: Education

1. 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	Date Graduated (mm/yyyy)	Degree Received

2. If none of the degrees above are from an EAC/ABET-accredited institution, are you submitting the required degree evaluation ([see page Instr-2](#))? Yes No N/A

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

Note: Qualifying experience is calculated depending upon your application method (comity or EEE—see [INSTR-1](#)).

1. List your supervisor(s), their profession and their company name and address. Account for all the time from the receipt of your degree(s) to the present. Also include any intern or co-op experience prior to graduation, if you are using that time to meet the minimum experience requirement. Attach additional sheets if necessary.

The Board will review the total hours per week worked and type of work experience verified by your supervisors to determine if you meet [MN Rule 1800.2805](#):

Qualifying Experience Defined. As used in this part and parts [1800.2600](#), [1800.2700](#), and [1800.2800](#), qualifying experience consists of varied, progressive, nonrepetitive, practical experience at engineering work, developing the ability to apply the theoretical knowledge gained during academic training in making sound judgments in solving engineering problems. The varied experience must include increments of design, planning, technical specifications, codes and standards, research and analysis, engineering economics, safety, observation and inspection of construction of products. Experience shall be written in detail and submitted with the application for evaluation and approval by the Board.

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Profession (If Engineering, Include the Discipline)

2. Provide a partially completed [Employment History and Experience Form](#) (see [form](#) for instructions) to **all the supervisors listed above.**

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

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 OR EEE APPLICATION INSTRUCTIONS

NOTE: Use this form **only** if you are **not** submitting an NCEES Council Record (see [INSTR-2](#)).

Applicant Instructions:

This form serves to document in detail your work experience.

Note that experience requirements vary depending upon application method (see [MN Rule 1800.2500 Subpart 2a](#)). Also note that qualifying experience is calculated depending upon your application method (comity or EEE—see [INSTR-1](#)).

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 [PE Comity/EEE 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).

NOTE!

If you have questions about this form, 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. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. 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.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2016) 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 (2016), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless you authorize its release or it is required by law.



EMPLOYMENT HISTORY AND EXPERIENCE FORM COMITY OR EEE 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 _____

Supervisor Title _____ and Profession, if licensed: _____

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. 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 licensed, at which time it will be classified as public information.

Initial as instructed on page two of this form and answers the questions below, then sign and return the form to the Board by the postmark date indicated in the box above.

1. The applicant worked under my direct supervision: Yes No

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

If no, provide correct dates/hours: _____

Supervisor Signature _____

Date _____

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document qualifying experience as defined in [MN Rule 1800.2805](#). 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.



VERIFICATION OF EXAMINATION AND/OR LICENSURE

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to **all** states in which you have been licensed. **Check with those states regarding fees or other filing requirements**, as failure to do so may delay their processing of this form.

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 # <u>XX-XXX-</u> 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–E** and return to the Minnesota Board at the address above.

Section B: Registrations/Licenses Held by Applicant

Engineer-in-Training			
Professional Engineer			

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 C: Basis of Registration

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

EXAMINATION (Complete Information applicable to exam type below)

Fundamentals (FE)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Principles/Practice (PE)*			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

* PE Exam Discipline (if applicable): _____

Other (describe): _____

FE ACCEPTED from the following state: _____

PE ACCEPTED from the following state: _____

COMITY with the following state: _____

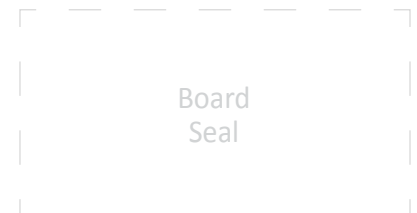
Section E: Verifying Board Signature

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

Signature

Title

Date





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