

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

PROFESSIONAL LAND SURVEYING APPLICATION BY COMITY / EEE AND MINNESOTA LAND SURVEYING (MMLS) EXAM

INSTRUCTIONS

Application by Comity/EEE is for individuals currently licensed in another jurisdiction who are seeking licensure in Minnesota as a Professional Land Surveyor.

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

Application Packet Contents

Instructions/Notices **Instr-1 – Instr-4**
Required Forms

[PS Comity/EEE Application](#) **1 – 5**

Optional Forms

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

- [Employment History and Experience Form](#) (required if not submitting Council Record) **EHE 1 – 3**
- [Verification of Examination and/or Licensure](#) (required if not using account.ncees.org electronic method)
- [Authorization to Release Applicant Information](#)

Key Information

- **Be sure your application is complete.** Six months after the application date, if an application remains incomplete, it is automatically denied by the Board.
- Before applying read the education and experience requirements: [MN Rule 1800.3505 Subp. 3](#).
- If any of your records are under a different name, include a copy of your marriage license, divorce decree or legal name change document.
- Once approved, the Board will instruct you on how to register for the MMLS.
- Upon passing the MMLS Exam, you will receive a letter of instruction for obtaining your professional license.

Steps

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

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 PS exam and it **must be verified by whomever was your supervisor.**
- Fee: **\$100**

EEE

(Education/Examination/Experience)

- Applications will be reviewed based on education, examination and experience requirements **currently in place in Minnesota.**
- This application method is for those who did not obtain all of their experience prior to passing the PS exam or for those who are unable to obtain verification of the experience that was obtained prior to the exam.
- Applicants may submit verified experience that was obtained **after** passing the PS exam to meet the minimum experience requirement.
- Fee **\$75**

Both Comity and EEE applicants **must pass the MMLS Exam** (see "Exams Required," page [Instr-2](#)) in order to be considered for licensure in Minnesota.

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 fee, and any required supporting documents to the address above.** Make your check payable to **MN Board of AELSLAGID**. The application fee is nonrefundable.

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 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).

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 a copy be sent to the Minnesota Board.
- Complete Parts **A, B, F, and G** of the application (pages 1, 4 and 5).
- Use account.ncees.org to request electronic verification of licensure **from the state in which you reside**. If your state does not participate in electronic verification, use the form included in this packet.
- 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.
 - Use account.ncees.org to request electronic verification of
 - FS and PS scores from the state(s) where you took the exams. (If you passed your FS 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 or if you do not have an account with NCEES, use the form included in this packet for that state.
- 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](#).

EXAMS REQUIRED TO OBTAIN LICENSURE AS A MINNESOTA LAND SURVEYOR

Minnesota statutes and rules require Land Surveying licensees to take and pass the Fundamentals of Surveying (FS), Principles and Practice of Surveying (PS) AND Minnesota Land Surveying (MNLS) Examinations.

Candidates who have passed their PS in another state or land surveyors already licensed in another state must still take and pass the MNLS in order to obtain licensure in the state.

The Minnesota Board provides an MNLS Candidate Handbook in PDF format from the Board website:

mn.gov/aelslagid/MNLSHandbook.pdf



APPLICATION DEADLINE

April 14, 2017 MNLS Exam Application Deadline: February 13, 2017

NOTICE REGARDING SPECIAL ACCOMMODATIONS

For the MNLS Exam: To request special accommodation, send the Accommodation Request Form with your application.

A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

INTRODUCTION

The Americans with Disabilities Act (“ADA”) covers “public entities.” The Board is a “public entity” covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

WHO IS COVERED?

The ADA provides comprehensive civil rights protection for “qualified individuals with disabilities.” An “individual with a disability” is a person who: 1) has a physical or mental impairment that substantially limits a “major life activity,” 2) has a record of such an impairment, or 3) is regarded as having such an impairment. “Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A “qualified” individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamental alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

WHAT IS REQUIRED?

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

QUESTIONS?

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

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REQUEST FOR SPECIAL ACCOMMODATION (MNLS EXAM)

Complete this form **only if you are requesting special accommodation for the MNLS Exam** (see information on [page Instr-3](#) and below).

The ADA requires this agency to make “reasonable accommodation” for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for accommodations. We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

Name _____
(First) (Middle) (Last) (Suffix)

Street Address _____ Phone # _____
(No PO boxes)

City _____ State/Province _____ Zip/Postal Code _____

REQUIRED! I have attached supporting documentation from a qualified professional that describes the disability and the resulting functional limitations and explains the need for the requested accommodations.

Examples of reasonable accommodations include (but are not limited to) readers, oral interpreter or enlarged print.

Describe in detail your accommodation request (use additional pages, if necessary):

THIS SECTION FOR BOARD USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED*
Signature
Printed Name
Date

Location (if other than scheduled exam site):

Type of accommodation (reader, hearing impaired, etc.):

*If denied, include copy of denial letter in applicant file.

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FOR BOARD USE ONLY
Application #

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

**APPLICATION FOR LICENSURE
LAND SURVEYOR BY COMITY / EEE
MINNESOTA LAND SURVEYING
(MMLS) EXAM**

APRIL 14, 2017 EXAMINATION
Application Deadline: February 13, 2017

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 [INSTR-1](#) to determine your best option.)
- 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

Applicant Name: _____

1. Land Surveying Examinations

Exam	State Where You Passed Exam	In-Training (IT) or License #	Month and Year Issued	Number of Exam Hours	Were you granted a waiver of the FS Exam?
Fundamentals (FS)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Principles/Practice (PS)					

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?	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 institutions, including those where you completed non-degree coursework. **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

**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)* and their company name and address. Account for the time from the receipt of your degree(s) to the present. Attach additional sheets if necessary.

The Board will review the total hours and type of work experience verified by your supervisors to determine if you meet [MN Rule 1800.3505 Subp. 3](#).

***Your experience must be verified by supervisors who are licensed land surveyors.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Land Surveyor* License Number	Issuing State

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 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

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**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 and their calculation vary depending upon your application method (comity or EEE).** See [MN Rule 1800.3505 Subp. 3](#) and [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 [PS 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).

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
PS COMITY/EEE AND MNLS EXAM**

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 any 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 obtained from supervisors/employers is for use by the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private information until the applicant becomes licensed, at which time the information will be classified as public information.

Please return this signed and completed form (pages 1-3) to the Board by the postmark date indicated in the box above.

I hereby certify that the applicant's qualifying land surveying experience initialed by me on this form was obtained under my direct supervision and I am a duly licensed Land Surveyor, as required under the laws of the State of Minnesota ([MN Rule 1800.3505, Subpart 3B](#)).

Printed Name

LS license #

State where licensed

Signature

Date

**2: Description of Work/Projects/
Areas of Responsibility**

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document “varied, progressive, practical experience at land surveying work.” (MN Rule 1800.3505 Subp. 3B). Attach additional sheets as needed.

REQUIRED! SUPERVISOR: Initial next to **every description** you can substantiate in the box on the column at right. If you can substantiate all, you may initial once and indicate “all”. If you can substantiate nothing, do not initial.



<p style="text-align: center;">APPLICANT: Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).</p>	<p>SUPERVISOR: Initial below Initial next to work you can substantiate.</p>

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VERIFICATION OF EXAMINATION AND/OR LICENSURE (LS)

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to **all** states in which you have taken an exam or 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# 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–E** and return to the Minnesota Board at the address above.

Section B: Registrations/Licenses Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Land Surveyor-in-Training			
Professional Land Surveyor			

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: Record of Examinations

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

EXAMINATION (Complete Information applicable to exam type below)

Written Exam	Hours	Exam Date	NCEES	Results
Fundamentals (FS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Principles/Practice (PS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Other (describe): _____

Was the FS waived? Yes No

FS ACCEPTED from the following state: _____.

PS ACCEPTED from the following state: _____.

COMITY with the following state(s): _____.

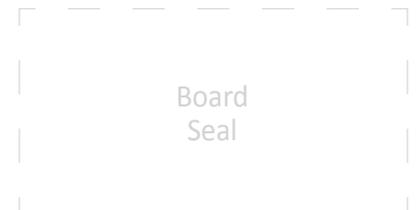
Section E: Verifying Board Signature

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

Signature

Title

Date



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

**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