BOARD OF ARCHITECTURE ▪ ENGINEERING
LAND SURVEYING ▪ LANDSCAPE ARCHITECTURE
GEOSCIENCE ▪ INTERIOR DESIGN
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FOR BOARD USE ONLY
Application #

APPLICATION FOR CERTIFICATION AS AN INTERIOR DESIGNER FOR MINNESOTA LICENSED ARCHITECTS

FOR BOARD USE ONLY
Certificate #
Date Certificate Issued
Certificate Fee $

CLEAR FORM PRINT FORM

Use of the title "Certified Interior Designer" is restricted to those who have met the requirements in Minnesota Statutes and Rules. **Architects licensed in Minnesota** may use this form to request use of the title "Certified Interior Designer."

Payment of the **$50 application fee** is by check or money order (US funds, made payable to **MN Board of AELSLAGID**). The Board is unable to accept cash, credit card, or other electronic forms of payment for the application fee. Applications without payment ENCLOSED will be returned.

If your application is approved, the Board will request a certification fee.

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

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 (your **full legal name** is required):

Full Legal Name _____
(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)

☐ I have no legal middle name

Former Name _____
(if applicable)

US SS # _____
(or ITIN, if no US Social Security #)

Street Address _____
(no PO Boxes)

Gender ☐ Male ☐ Female

City _____ State/Province _____

Birth Date _____
(MM/DD/YYYY)

ZIP/Postal Code _____ Country (if not USA) _____

Phone # _____

Email address _____

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §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, Subd. 4 (2024) 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, Subd. 2 (2024), 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 it is required by law.

Applicant Name: _____

Part B: Certification Statements

to Be Affirmed by the Applicant

Read the statements, **select the appropriate true/false response**, then **sign** and **date** below.

If you answer **"FALSE"** to any statement, **you must enclose a statement of explanation** for each checked statement.
Your application is not considered complete until you provide the required explanation(s). Minnesota Rules 1800.0400 Subp. 5

1.	I have read and will comply with the provisions of **Minnesota Statutes 326.02 – 326.15** (Supp. 2025) and the Rules and Regulations adopted thereunder;	☐ True	☐ False
2.	I am not under any disciplinary proceeding or action nor have I had a license or certificate disciplined, denied, surrendered, suspended or revoked in any jurisdiction up to the date of my application to the Board;	☐ True	☐ False
3.	I have never been convicted of a felony, gross misdemeanor, or misdemeanor, or I have previously reported the conviction to the Board;	☐ True	☐ False
4.	I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and	☐ True	☐ False
5.	I have not performed or offered to perform any services reserved in statute to an individual who is properly licensed as an architect, professional engineer, land surveyor, landscape architect, professional geologist, or professional soil scientist in the State of Minnesota until my license has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.	☐ True	☐ False

I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

▶ _____ _____ _____

Applicant Signature | Date | MN Architect license #

THIS SECTION FOR BOARD USE ONLY

APPROVAL BY DELEGATION OF AUTHORITY	
Signature	Date