BOARD OF ARCHITECTURE ▪ ENGINEERING
LAND SURVEYING ▪ LANDSCAPE ARCHITECTURE
GEOSCIENCE ▪ INTERIOR DESIGN
85 East 7th Place, Suite 160, St. Paul, MN 55101-2113
Phone: (651) 296-2388 • Email: aelslagid@state.mn.us • Web: mn.gov/aelslagid

APPLICATION FOR USE OF THE TITLE "CERTIFIED INTERIOR DESIGNER"

INSTRUCTIONS

Application Packet Contents

Verification Form: Read the instructions to determine if this form is also required.

- Verification of Examination and/or Licensure

Key Information

- **Please read all instructions.**
- See Minnesota Rules 1800.2100 for qualifying 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 a copy of your marriage license, divorce decree or legal name change document with your application.
- After the Board reviews your application, you will be notified by mail as to whether it was approved. If approved, you will receive a letter of instruction with application and fee information for obtaining your certificate.

Application Steps

1. Complete all parts of the application form (pages 1-5). Check that you have signed and dated the Rules of Conduct and the affidavit on page 5.
2. Submit official transcript(s) listing your qualifying degree and date of graduation. If CIDQ required an education evaluation to determine your eligibility to sit for the exam, you must request that the education evaluator send a copy to the Board.

   Have your evaluation (if applicable) and transcript(s) sent **directly** from the institution to the Board by mail or email (aelslagid@state.mn.us).
3. Document your required qualifying experience.
   - Reciprocity/comity applicants (those who already hold certification in another state): Please read Minnesota Rules 1800.0850 and see Minnesota Rules 1800.2100 Subp. 2 to determine your required years of experience.
   - All other applicants: You will need two years of qualifying experi-ence in interior design of public spaces covering ten knowledge areas. See Part E for more specifics. Complete the "Applicant" portion of the Experience Reference Form and send to your supervisor(s) for completion.
4. Provide your NCIDQ certificate number (see page 2).
5. If you are licensed or certified as an interior designer in another state, complete the "applicant" portion of the Verification of Examination and Licensure/Certification Form. Send that form to your state, along with any fee they may require*, and a stamped envelopped addressed to the Minnesota Board (see address above).

   * Some states charge a fee for records verification. You may wish to contact your state to determine if there is a fee or any additional instructions.
6. **Mail the application (pages 1-5) and any required supporting documents to the address above.** Submit no fee at this time.

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 (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.

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FOR BOARD USE ONLY
Application #

APPLICATION FOR USE OF THE TITLE "CERTIFIED INTERIOR DESIGNER"

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

CLEAR FORM PRINT FORM

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.

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 _____

Part B: Application Method

Minnesota offers two different methods by which you can apply for certification:

A) By "Initial Certification": You are not licensed or certified in any other jurisdiction. You must meet the education, examination, and experience requirements **in place in Minnesota on the date of your application**.

B) By "Reciprocity," otherwise known as "Comity" (Minnesota Rules 1800.0850): You are already certified or licensed in another state or ju-risdiction in the United States, District of Columbia, or a province of Canada and the requirements in your original jurisdiction were equal to or greater than the requirements in Minnesota **at the time of your original certification/licensure.** (For example: If you were certified in interior design in another state in 2010 those requirements for certification must be equal to or greater than those in Minnesota in 2010 to become certified by comity in Minnesota.)

I hereby apply by ☐ Initial Certification ☐ Reciprocity/Comity

Applicant Name: _____

Part C: Record of Examination(s) and Licensure

1. List all states (other than Minnesota) or countries in which you **currently** hold a license or certification as an interior designer. Attach a sheet if needed. (Leave table blank if not applicable.)

WHERE LICENSED	LICENSE #	DATE ISSUED (MM/YYYY)	CHECK METHOD FOR EACH LICENSE			
			Written Exam–List Number of Hours:	Oral Exam	Exemption (Grandfather Clause)	Comity

2. Have you ever had a license/certificate in **any** jurisdiction as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation. ☐ Yes ☐ No

3. Provide your NCIDQ certificate number: _____
   Contact NCIDQ if you do not know your number.

Part D: Education

1. List all undergraduate and graduate degrees. **You must submit an official transcript** from each educational institution. Transcripts must arrive from the institution to the Board by mail or email (see Instructions).

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

2. Are you submitting an education (degree) evaluation (see instructions for applicability)? ☐ Yes ☐ No ☐ N/A

Applicant Name: _____

Part E: Experience References (Qualifying Experience)

Minnesota Rules 1800.2100 Subp. 2B and 2C details experience requirements. All applicants must document qualifying ex-perience in the practice of interior design for public spaces covering ten (10) knowledge areas. **The experience must be verified by a certified interior designer, licensed architect, NCIDQ certificate holder, or—if the experience was gained prior to June 1, 2013—an interior designer.** See the Experience Reference Form for detailed instructions.

- If you selected "Reciprocity/Comity" in Part B, please see Minnesota Rules 1800.2100 Subp. 2 to determine your required years of qualifying experience.
- If you selected "Initial Certification" in Part B, you will need two years of qualifying experience.

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/Certificated Profession

2. Provide an Experience Reference 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 (Minnesota Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy for your records.

Printed Name _____ Date _____

Signature _____

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This chapter on 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, and the use of the title of certified interior design.

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

Subp. 3. Professional responsibility. A. The professional conduct of a licensee or certificate holder must be in accordance with this chapter. B. When providing professional services, the licensee's or certificate holder's primary responsibility is the protection of the public's health, safety, and welfare.

1805.0200 OBLIGATION TO PROVIDE FULL DISCLOSURE.

Subpart 1. Public statements. A. A licensee or certificate holder shall avoid any act that 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. B. A licensee or certificate holder shall be objective and truthful in all professional documents, including but not limited to plans, reports, statements, or testimony. The licensee or certificate holder shall consider relevant and pertinent information in such documents or testimony and express professional opinions publicly only when they are founded upon an adequate knowledge of the facts and a competent evaluation of the subject matter.

Subp. 1a. Credit. In connection with the work for which the licensee or certificate holder is claiming credit, the licensee or certificate holder shall accurately represent the licensee's or certificate holder's qualifications, education, and scope of responsibility for the work. The licensee or certificate holder shall also accurately represent the qualifications, education, and scope of responsibility of any employer, employees, or associates.

Subp. 2. False statements and nondisclosure. A licensee or certificate holder shall not make a false statement or fail to disclose a material fact requested in connection with an application for certification, licensure, or renewal in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A. A licensee or certificate holder shall not endorse an application for certification or licensure of another person known by the licensee or certificate holder to be unqualified in respect to character, education, experience, or other relevant factor. B. A licensee or certificate holder possessing knowledge of an applicant's qualifications for examination, licensure, or certification shall cooperate with the applicant and the board by responding regarding those qualifications when requested to do so. A licensee or certificate holder shall provide verification of employment and experience earned by an applicant under supervision if there is reasonable assurance that the facts to be verified are accurate. A licensee or certificate holder shall not knowingly sign a verification document that contains false or misleading information.

Subp. 3a. Knowledge of improper conduct by others. A licensee or certificate holder possessing knowledge of any acts prohibited by this chapter, chapter 1800, or Minnesota Statutes, sections 326.02 to 326.15, by a licensee, certificate holder, or unlicensed individual shall report such knowledge to the board. Upon questioning by the board or its representative during an official inquiry into an alleged act, a licensee or certificate holder shall disclose any knowledge the licensee or certificate holder may have in the matter.

Subp. 4. General prohibitions. A licensee or certificate holder 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 or certificate holder's name or seal to be affixed to plans, specifications, or other documents that were not prepared by or under the direct supervision of the licensee or certificate holder.

1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee or certificate holder shall not accept a project where a duty to the client or the public would conflict with the personal interest of the licensee or certificate holder or the interest of another client. Prior to accepting a project, the licensee or certificate holder shall disclose to a prospective client such facts as may give rise to a conflict of interest.

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

Subp. 3. Gifts. A. Without the knowledge and approval of the client or the employer, a licensee or certificate holder shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, material or equipment suppliers, or other persons dealing with the client or employer in connection with the work for which the licensee or certificate holder has been retained. B. A licensee or certificate holder shall neither offer nor make any payment or gift to a government official, whether elected or appointed, with the intent of influencing the official's judgment in connection with a prospective or existing project in which the licensee or certificate holder is interested or involved.

Subp. 4. Interpretations. When acting as the interpreter of project contract documents or as the judge of contract performance, a licensee or certificate holder shall render decisions impartially, using the professional judgment of their licensed or certified discipline.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A. A licensee or certificate holder 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.

B. A licensee or certificate holder 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 or certificate holder 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 or certificate holder shall not make false or malicious statements that 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.

1805.0650 COMPETENCE.

Subpart 1. Standards of competence. In practicing architecture, engineering, land surveying, landscape architecture, or geoscience, or when using the title of certified interior designer, each licensee or certificate holder shall act with reasonable care and competence and shall apply the knowledge and skill that is ordinarily applied by such professionals.

Subp. 2. Conformance with state and local laws and regulations. When providing professional services, a licensee or certificate holder shall not violate applicable state and local laws and regulations. Notwithstanding the duty of licensees and certificate holders to follow the law, in proceedings before the board, the board shall consider whether a licensee's or certificate holder's violation follows from incorrect advice on the meaning of a statute or regulation. In such a circumstance, the board shall consider the reasonableness of the licensee's or certificate holder's reliance on the incorrect advice in determining the appropriate sanction, if any, for the violation.

Subp. 3. Qualifications for performing professional services. A licensee or certificate holder shall perform professional services only when the licensee or certificate holder, together with those whom the licensee or certificate holder may engage as consultants, is qualified by education, training, and experience in the specific technical areas involved.

1805.0700 COMPLIANCE WITH LAWS.

Subpart 1. Violation of laws. Convictions of a felony without restoration of civil rights, or disciplinary action taken against a licensee or certificate holder 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.

Subp. 2. Incompetence. A licensee or certificate holder 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 1.

1805.0800 EMPLOYMENT PRACTICES.

A licensee or certificate holder, as an employer, shall refrain from engaging in any discriminatory employment practice prohibited by law.

1805.0900 PROFESSIONAL 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 in this chapter. A licensee or certificate holder shall not engage in conduct involving bribery, collusion, corruption, fraud, or malfeasance.

1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15, unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under Minnesota Statutes, sections 326.02 to 326.15, to practice the profession called for by the employment.

1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14, means the person who determines and reviews design criteria, including technical aspects, advises with the client, and has direct supervision of subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work.

Subp. 2. Direct supervision; defined. A person in "direct supervision" of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, unlicensed professionals, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

Applicant Name: _____

Part G: 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 _____

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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EXPERIENCE REFERENCE FORM
CID APPLICATION
INSTRUCTIONS

Applicant Instructions:

This form serves to document in detail your work experience (see Minnesota Rules 1800.2100 Subpart B and 2C). 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 interior design for **public spaces** and include **all** 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 CID application forms.
3. Provide separate versions of this form to each supervi-sor you listed on Part E: Experience References of the CID Application Form. Include **only** the information/hours/projects **appropriate to each supervisor**. Provide the supervisor(s) with ALL pages of this form, **including this instruction page**.
4. **The supervisor(s) MUST return this form directly to the Board office.** They may choose either to scan and email it to **aelslagid@state.mn.us** or mail it to the address above.

Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see bottom of page 1). **NOTE:** To be qualified to sign off on the applicant's experience, you as supervisor must be either a certified interior designer, licensed architect, NCIDQ certificate holder, or—only if the experience to be verified occurred prior to June 1, 2013—an interior designer.

NOTE!

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**. You may choose either to scan and email it to **aelslagid@state.mn.us** or mail it to the address above

If you have questions about this form, please call the Board office at (651) 296-2388.

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

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CLEAR FORM

PRINT FORM

EXPERIENCE REFERENCE FORM
CID APPLICATION

Please read the INSTRUCTIONS page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION

Applicant Name _____
(Legal first name - no nicknames) (Last)

Applicant Title _____
(Job title at employer listed below)

Supervisor Name _____

Employer/Company Name _____

Employment Dates: _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)

Postmark Date: _____ (MM/DD/YYYY)

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

Employment Type: ☐ Full Time ☐ Part Time - If part time, indicate hours per week: _____

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 thorough. All information secured is for the use of the Board. In keeping with the Minnesota Government Data Practices Act, the information you provide will be private until the applicant becomes certified, at which time it will be classified as public information.

Please return this signed and completed (both pages 1 and 2) 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) Space Planning ☐ 2) Building Code Research and Analysis ☐ 3) Programming
   ☐ 4) Schematic Design and Design Development ☐ 5) Preparation of Construction Documents ☐ 6) Cost Estimating
   ☐ 7) Specification of Building Materials and Finishes ☐ 8) Specification of Furnishings, Fixtures, and Equipment
   ☐ 9) Bidding/Negotiating Procedures ☐ 10) Construction Administration
3. Provided correct employment dates/hours above: ☐ Yes ☐ No. Use these dates/hours: _____

NOTE: To be qualified to sign off on the applicant's experience, you as supervisor must be at least one of the following. **Please select:**

☐ Certified Interior Designer* ☐ Architect* ☐ NCIDQ Certificate Holder* ☐ Interior Designer (if the experience is prior to 6/1/2013)

Supervisor Signature _____ Date _____ *License/Certificate # and Issuing State _____

2: Description of Work/Projects/Responsibilities

Applicant Name: _____

Supervisor Name: _____

APPLICANT: Use this section to document qualifying experience in the practice of interior design for public spaces as defined in Minnesota Rules 1800.2100 Subp. 2B and 2C details. Complete all information for each assignment or engagement **specific to this supervisor**. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work and the client. Include project dates (mm/yyyy). 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.

APPLICANT: Work experience details: client, project s.f., location, dates, your role, degree of responsibility, skills demonstrated.	**APPLICANT:** Mark type of experience.*										**SUPERVISOR:** Initial below.
	1	2	3	4	5	6	7	8	9	10	

*** Key to Experience Type Codes**

1 = Space Planning
2 = Building Code Research and Analysis
3 = Programming
4 = Schematic Design and Design Development
5 = Preparation of Construction Documents
6 = Cost Estimating
7 = Specification of Building Materials and Finishes
8 = Specification of Furnishings, Fixtures, and Equipment
9 = Bidding/Negotiating Procedures
10 = Construction Administration

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CLEAR FORM

PRINT FORM

VERIFICATION OF EXAMINATION AND LICENSURE/CERTIFICATION

(COMITY APPLICANTS ONLY)

TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to a state where you are currently licensed/certified.
To avoid processing delay, check with them regarding fees or other filing requirements.

Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal Name _____
(First) (M.I.) (Last) (Suffix)

Last 4 of SS# xxx-xx-_____ Former Name (if applicable) _____

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–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)
Interior Design			

Section C: Basis of Registration

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

☐ NCIDQ EXAMINATION

☐ GRANDFATHER PROVISION - Please provide details below:

Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?
If **yes**, attach a detailed explanation. ☐ Yes ☐ No

Section E: Verifying Board Signature

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

_____
Signature

_____
Title

_____
Date

Board Seal