



APPLICATION FOR LICENSURE AS A LAND SURVEYOR BY COMITY OR EEE AND MINNESOTA LAND SURVEYING (MNLS) EXAM INSTRUCTIONS

This application is for individuals either currently licensed in another jurisdiction or who took the PS Exam in another jurisdiction and are now seeking licensure in Minnesota as a Land Surveyor.

Other applicants should use the [“Application for the PS/MNLS Exam”](#) form, available on the Board website.

Application Packet Contents

Instructions/Notices **Instr-1 – Instr-3**

Required Forms

[PS Comity/EEE Application](#) **1 – 6**

Optional Forms

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

- [Experience Reference Form](#) (required if not submitting Council Record)
- [Verification of Examination and/or Licensure](#) (required if not using account.ncees.org electronic method)

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](#). Also comity application requirements: [MN Rules 1800.0850](#).
- To find the rules in place in Minnesota at the time of your initial licensure, see the rules archive: <https://www.revisor.mn.gov/rules/archive>.
- 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 MNLS.
- Upon passing the MNLS 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 whoever was your supervisor**.

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 self-determine that they did not meet the licensure requirements in Minnesota at the time of their original licensure in another state but may qualify under the Board’s current rules.

Both Comity and EEE applicants **must pass the MNLS 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 [5](#)). Retain a copy for your records.
4. Read, then sign the affidavit on page [6](#).
5. **Mail the application, the \$75 application fee, and any required supporting documents to the address above.** Make your check or money order payable to **MN Board of AELSLAGID**. The application fee is nonrefundable and cannot be applied toward future exams.

If you have questions regarding your application, please call the Board office at 651-296-2388.

Application Deadline for the October 23, 2026 MNLS Exam: August 10, 2026

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. If you hold a foreign degree, your record must include the NCEES credential evaluation.
- Complete Parts **A, B, G and H** of the application (pages 1, 5, and 6).
- Use account.ncees.org to request electronic verification of licensure **from a state where you hold a current LS license**. 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:

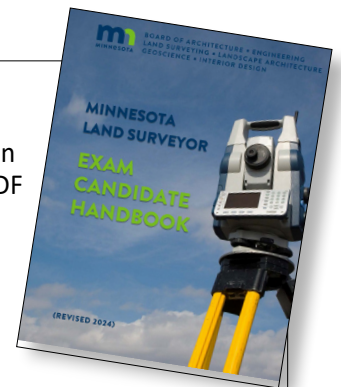
- Complete the **entire** application (pages 1-6).
 - Request final official transcripts in English for all undergraduate and graduate institutions, including where you completed non-degree coursework. Where applicable, the transcript must show the degree(s) awarded and the date(s) of graduation. If you hold a foreign degree, you must have your education evaluated through [NCEES Credentials Evaluations](#). Have your evaluation (if applicable) and transcript(s) sent directly from the institution to the Board by mail or email (aelslagid@state.mn.us).
 - 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 any state where you hold a **current** LS license.
- If your state(s) do not participate in electronic verification or if you do not have an account with NCEES, send the [Verification](#) form in this packet to that state.
- Complete the “Applicant” portion of the [Experience Reference Form](#) and send a copy to **every** supervisor(s) listed in [Part F: Experience References](#). 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/docs/MNLSHandbook.pdf.



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. If you fail to provide this data, 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.

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 fundamentals 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.



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:

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

Street Address _____ Phone # _____
(No PO boxes)

City _____ State/Province _____ ZIP/Postal Code _____

REQUIRED! I have attached materials meeting [federal documentation requirements](#) in support of my accommodation request.

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.



| FOR BOARD USE ONLY |
|--------------------|
| Application # |
| |

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

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

October 23, 2026 Examination
Application Deadline: August 10, 2026
Application Fee: \$75

Payment of the **\$75 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 received without payment **ENCLOSED** will be returned.
Note: Applications must be postmarked by the application deadline.

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.

- 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? Yes (Priority processing) No
- The address below is my (check one): Home Business. If **business**, list name: _____
- General/contact information:

| | |
|--|---|
| Legal Name _____ <small>(Legal FIRST Name) (Legal MIDDLE Name) (Legal LAST Name) (Suffix)</small> | <input type="checkbox"/> I have no legal middle name |
| Former Name _____ <small>(if applicable)</small> | US SS # _____ <small>(Or ITIN, if no US Social Security #)</small> |
| Street Address _____ <small>(no PO Boxes)</small> | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City _____ State/Province _____ | Birth Date _____ <small>(MM/DD/YYYY)</small> |
| ZIP/Postal Code _____ Country _____ | Phone # _____ |
| Email address: _____ | |

Part B: License Application Information

- You are applying for licensure by (choose one): Comity EEE
(Read [INSTR-1](#) to determine your best option.)
- Will you be submitting an NCEES Council Record?
 - Yes — **skip to Parts G and H**. Complete other steps noted on pages [INSTR-1](#) and [INSTR-2](#)
 - No — complete **Parts C-H** and the **Experience Reference** Form. Complete other steps noted on pages [INSTR-1](#) and [INSTR-2](#).

Part C: Record of Examination(s) and Licensure

1. Land Surveying Examinations

| Exam | State Where You Passed Exam | Month and Year Taken | License # | 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 **currently** hold a land surveyor’s license. 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 |
| | | | | | | |
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3. 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

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 (unless you previously provided it to the Board). Transcripts must arrive in a sealed envelope from the institution. Transcripts may also be emailed from the institution to aelslagid@state.mn.us.

| College/University Attended | City, State, Country | Date Graduated (mm/yyyy) | Degree Received |
|-----------------------------|----------------------|--------------------------|-----------------|
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**Part F: Experience References
(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 day you submit your application. 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 the requirements in [MN Rule at the time of your initial licensure](#).

***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 |
|--|-------------------------|-----------------------------------|-------------------------------|---------------|
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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 G: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

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

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

Printed Name

Date

Signature

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.

Part H: Certification Statements

to Be Affirmed by the Applicant

Read the statements, **select the appropriate yes/no response**, then **sign** and **date** below.

A “Yes” answer means the statement is true.

If you answer “No” to any of the statements, you **must** enclose a statement of explanation for each checked statement. Your application is not considered complete until you provide the required explanation(s).

[MN Rule 1800.0400 Subp. 5](#)

| | |
|--|--|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2024) and the Rules and Regulations adopted thereunder; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am not under any disciplinary proceeding or action nor had a license or certificate disciplined, denied, surrendered, suspended, or revoked in any jurisdiction up to the date of my application to the Board; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I have never been convicted of a felony; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 |



EXPERIENCE REFERENCE 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 F: Experience References](#) 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.

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. If you fail to provide this data, 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.



EXPERIENCE REFERENCE 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 _____

(Legal FIRST name - no nicknames)

(Legal LAST Name)

Applicant Title _____

(Job title at employer listed below)

Supervisor Name _____

Employer/Company Name _____

Employment Dates: _____

(MM/DD/YYYY)

(MM/DD/YYYY)

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

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](#)).

Supervisor Signature _____

Date _____

Printed Name _____

LS license # _____

State where licensed _____

**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 to the state(s) that hold your exam records **and** a state where you are currently licensed, if different. **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

(Legal FIRST First)

(Legal MIDDLE Name)

(Legal LAST Name)

Suffix)

Last 4 of SS # XX-XXX-

Former Name

(if applicable)

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 (Provide 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

