



## PROFESSIONAL ENGINEERING APPLICATION BY COMITY OR EEE INSTRUCTIONS

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

### Application Packet Contents

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

[PE Comity/EEE Application](#) ..... 1 – 5

[Experience Reference Form](#) ..... EXP 1 – 3

Required if not submitting Council Record:

- [Verification of Examination and/or Licensure](#)

### Key Information

- **Be sure your application is complete.** If you fail to provide all necessary materials within six months of your application date, it will be considered withdrawn.
- Before applying, read [MN Rule 1800.0850](#) and the education and experience requirements in [MN Rule 1800.2500 Subp. 2](#).
- If any of your records are under a different name, include a copy of your marriage license, divorce decree or legal name change document.
- If your application is approved, the Board will inform you by letter. You must return a copy of that letter and the licensing fee in order to obtain your professional license.

### Steps

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

#### EEE

(Education/Examination/Experience)

- Applications will be reviewed based on education, examination and experience requirements **currently in place in Minnesota**. ([rules](#) and [statutes](#))
- This option is for those who did not obtain enough experience prior to passing the PE exam to qualify or cannot verify pre-exam experience or who are requesting an FE waiver. It is also for those who passed the exam but are **not** yet licensed in another state.
- Your required experience can be obtained **prior to or after** passing the PE exam.
- Fee: **\$75**

#### COMITY

(Similar to “Reciprocity”)

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

2. Decide if 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. Read the affidavit, affirm the statements and sign (see page [5](#)).
5. Mail the application, the appropriate application fee (check payable to **MN Board of AELSLAGID**), and any required supporting documents to the address above. The fee is nonrefundable.

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

#### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. 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, subdivision 4 (2020) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2020), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

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

## ADDITIONAL APPLICATION INSTRUCTIONS

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

Please follow the instructions below that match your situation:

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

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

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

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

## EDUCATION EVALUATION GUIDELINES

### FOREIGN EDUCATION:

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

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

### DOMESTIC EDUCATION:

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

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

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

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

Foreign or US Degrees/Transcripts:  
NCEES Credentials Evaluations  
200 Verdae Boulevard, Greenville, SC 29607  
Phone: (800) 250-3196 | Website: [www.NCEES.org](http://www.NCEES.org)

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

Request from the company a **SUBJECT ANALYSIS EVALUATION**. This is the evaluation type **required** to determine if the degree meets the minimum requirements of engineering science and engineering design (see [MN Rule 1800.2500 Subp. 2](#)).

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



FOR BOARD USE ONLY
Application #

## APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER BY COMITY OR EEE

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

**Application Fee: See Part B (1)**  
Enclose check or money order payable to  
MN Board of AELSLAGID

### 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?  No  Yes (Priority processing)
- The address below is my (check one):  Home  Business. If **business**, list name: \_\_\_\_\_
- General/contact information:  
 Legal Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix)  
 Former Name (if applicable) \_\_\_\_\_  
 Street Address (No PO boxes) \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 SS # \_\_\_\_\_ (Or Individual Taxpayer ID #, if no Social Security #)  
 Gender:  Male  Female  
 Birth Date \_\_\_\_\_ (MM) (DD) (YYYY)  
 Phone # \_\_\_\_\_
- Do you **already** hold a **Minnesota** license or certification as any of the following (check all that apply or mark "N/A"):  
 Architect  Professional Engineer  Land Surveyor  Landscape Architect  Professional Geologist  
 Professional Soil Scientist  Certified Interior Designer  N/A (Not Applicable)  
 If applicable, list the license/certification number(s): \_\_\_\_\_
- Have you ever had a license/certificate in **any** jurisdiction for **any** of the professions listed above disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation.  Yes  No

### Part B: License Application Information

- You are applying for licensure by (choose one):  Comity — **\$100 fee**  EEE — **\$75 fee**  
(Read the information on [INSTR-1](#) to determine which option fits your situation.)
- List the discipline of the PE exam that you passed: \_\_\_\_\_
- 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 **Experience Reference (EXP)** Form. Complete other steps noted on pages [INSTR-1](#) and [INSTR-2](#).

### Part C: Record of Examination(s) and Licensure

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

If **no**, and you are requesting a waiver, see [MN Rule 1800.2800](#) for FE waiver eligibility requirements.

If you meet those requirements, write "Requesting FE Waiver" in the box under "State Where You Passed FE Exam." Leave the other fields blank.

**NOTE: You must apply by EEE (not by Comity) if you wish to request an FE waiver.**

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

State Where You Passed FE Exam	Month and Year Taken	Number of Exam Hours	Were you granted a waiver of the FE Exam?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. List all states (other than Minnesota) or countries in which you **currently** hold a professional engineering license. Attach a sheet if needed.

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

### Part D: Education

1. List all undergraduate and graduate degrees. **You must submit a final, official transcript for each degree.** Transcripts must arrive in a sealed envelope from the institution.

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

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

## Part E: Experience References (Qualifying Experience)

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

1. Review [MN Rule 1800.2500 Subpart 2a\(B\)](#), then list your supervisor(s), their profession and their company name and address below. Account for all the time from the receipt of your degree(s) to the present and also any qualifying experience gained prior to graduation, if you are using that time to meet the minimum experience requirement.

Read [MN Rule 1800.2805](#) in its entirety for the definition of qualifying experience. The Board will review the experience verified by your supervisors to determine if you meet the experience requirements.

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

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

## Part F: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

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.

### 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 re-

tained 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.

### 1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, or 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 the provisions of 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 design policy, including technical aspects, advises with the client, superintends 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. Plans and specifications for buildings, structures, or projects of standard design which have been designed outside the state shall bear the certification of the design professional licensed in another United States licensing jurisdiction. In addition, a Minnesota licensed architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer shall review the design and certify that it is appropriate to the site on which construction is proposed and is in compliance with the State Building Code adopted by the Department of Administration where the building code is in effect.

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, interns, draftspeople, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

Printed Name

Date

Signature

**Part G: 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 \(2020\)](#)

- |  |  |
|--|--|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2020) 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, pending or otherwise, in any other jurisdiction;  | <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 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.                  | <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

<b>APPROVAL BY DELEGATION OF AUTHORITY</b>
Signature
Date

<b>RECOMMEND DENIAL OF APPLICATION</b>
Board Member Signature
Board Member Name
Date

<b>RECOMMEND APPROVAL OF APPLICATION</b>
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:** Both experience requirements and how that experience is calculated vary depending upon your application method (comity or EEE). See [MN Rule 1800.2500 Subpart 2a](#) 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: Experience References](#) of the [PE Comity/ EEE Application Form](#). Include only the information/hours appropriate to each supervisor. Provide the supervisor(s) with ALL pages of this form, **including this instruction page**.
4. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

### Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the [Description of Work](#) (page 2) **you must initial** next to every description you can substantiate. Leave the initial field blank for any description you cannot substantiate.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

**NOTE!**

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

#### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (MN Statute §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. 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, subdivision 4 (2020) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2020), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

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





## EXPERIENCE REFERENCE FORM COMITY OR EEE 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 \_\_\_\_\_

Supervisor Title \_\_\_\_\_ and Profession, if licensed: \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Postmark Date: \_\_\_\_\_  
(MM/DD/YYYY)

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

**APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.**  
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

\_\_\_\_\_  
Applicant Signature Date

#### SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant. All information secured from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

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

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

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

If no, provide correct dates/hours: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date

## 2: Description of Work/Projects/Responsibilities

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**APPLICANT:** Use this section to document qualifying experience as defined in [MN Rule 1800.2805](#). Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work and the client.

### REQUIRED!

**SUPERVISOR:** Initial next to **every description** you can substantiate in the box on the column at right.



<b>APPLICANT:</b> Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).	<b>SUPERVISOR:</b> Initial below.



## VERIFICATION OF EXAMINATION AND/OR LICENSURE

### TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy of this form to the state(s) holding your exam scores and, if different, a state where you are currently licensed. **To avoid processing delay, check with those states regarding fees or other filing requirements.**

#### Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (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)
Engineer-in-Training			
Professional Engineer			

#### Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?

If **yes**, attach a detailed explanation.  Yes  No

#### Section C: Basis of Registration

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

EXAMINATION (Complete Information applicable to exam type below)

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

\* PE Exam Discipline (if applicable): \_\_\_\_\_

Other (describe): \_\_\_\_\_

FE ACCEPTED from the following state: \_\_\_\_\_

PE ACCEPTED from the following state: \_\_\_\_\_

COMITY with the following state: \_\_\_\_\_

#### Section E: Verifying Board Signature

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

